

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04 FEB 24 PM 2:02

DOCUMENT # N01000003067

1. Corporation Name

Ft Ches World Daycare Center, INC

200029745152
 03/03/04--01013--006 **306.25

2. Principal Office Address

1735 SE Hawthorne Rd

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

U.S.A

3. Mailing Office Address

1735 SE Hawthorne Rd

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

U.S.A

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

59-3673297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James G. Franklin, Sr

Street Address (P.O. Box Number is Not Acceptable)

1735 SE Hawthorne Road

Suite, Apt. #, Etc.

City

Gainesville, Florida

State

FL

Zip Code

32641

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James S. Franklin, Jr.

REGISTERED AGENT MUST SIGN

Date 2-24-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Cleveland Franklin	1735 SE Hawthorne Road	Gainesville, FL 32641
S	Betty Franklin	1735 SE Hawthorne Road	Gainesville, FL 32641
T	Sacquelene King	1735 SE Hawthorne Road	Gainesville, FL 32641
D	James Franklin	1735 SE Hawthorne Road	Gainesville, FL 32641

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James S. Franklin, Jr. James G. Franklin, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/04

Daytime Phone #

(352)

494-2425



LIL ONES WORLD DAYCARE CENTER, INC.
1735 SE HAWTHORNE ROAD
GAINESVILLE, FLORIDA 34641
(352) 335-2285

February 24, 2004

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: N01000003067

Corporate Reinstatement Division,

The annual report was never received which impeded our ability to file. As a result, our Corporation was administratively dissolved. I'm requesting reinstatement.

Sincerely,

James G. Franklin, Sr.
Director

A NON PROFIT FLORIDA CORPORATION