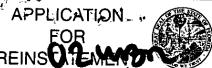
PLEASE READ ALL INSTRUCTIONS BEF RESCOMPLETING THIS FORM. FLORIDA DEPARTMENT OF



Jim Smith

Secretary of State DIVISION OF CORPORATIONS

N01000005284 **DOCUMENT #**

1. Corporation Name

JAYCARE CHILD DEVELOPMENTAL CENTER, INC.

Principal Place of Business

Mailing Address

4609 HORTON RD PLANT CITY FL 33567

4609 HORTON RD PLANT CITY FL 33567 FILED

02 DEC -3 PM 1:51

TALLAHASSEE, FLORIDA



If above	addresses are incorrect in any way, line	through incorrect	information and enter	correction below			
2. New Principal Office Address, If Applicable 3. No			w Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/25/2001		
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5 CCI Number		
City & State		City & State	City & State		5. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Counti	y	6. CERTIFICAT	E OF STATUS DESIRED-	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PD	MCGRIFF, JOYCE D		4990 NESMITH RD		T 44	PLANT CITY FL 33567	
D	SAHADEO, TZEPORAW		4990 NESMITH RD			PLANT CITY FL 33567	
EXD	MCGRIFF, ERNEST	4990 NESMITH ROAD		77-9-	PLANT CITY FL 33566		
D	SALES, ROBERTA		2500 N. FRONTAGE ROAD			PLANT CITY FL 33566	
					1166	0008834 8008834 80201070011	9ර්ෂි·²⁵
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
				Name			
MCGRIFF, JOYCE D							
	NESMITH RD	Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY FL 33567				Suite, Apt. #, Etc.			
<u></u>			7.7	City	t)	F	ate Zip Code
Signature of Registered A	Agent P	JU JU	IT I DIT	H5D		Date Octo	ber 28,02
11. I certify t	that Jum an officer or director or the rece	iver or trustee en	powered to execute t	this application as pr	ovided for in cha	pter 607 or 617, F.S. I furti	ner 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.

October 28, 2007

October 28, 2002

Florida Department of State DIVISION OF CORPORATIONS Post Office Box 6327 Tallahassee, Florida 32314

RE: JAYCARE CHILD DEVELOPMENTAL CENTER, INC.

DOCUMENT NUMBER: N01000005284

Dear Sir:

I received your <u>NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION</u> indicating that I had not mailed in my Annual Report/Uniform Business Report. I mailed in my first notice report before May 1, 2002. I never heard anything else from your office; therefore, I thought that everything was alright.

4 1 .tags

I do not understand why you did not get the form and the letter that I mailed. Since I did mailed, and you did not receive it, I am requesting that <u>all late fees be waived</u> at this time. Next time I will make sure that I send certified mail so that this problem will not happen again.

Please find a check in that amount of \$61.25 for reinstatement fee and the completed application for reinstatement.

Sincerely yours,

Tayce D. McGriff