

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000005284**

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3737242

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCGRIFF, JOYCE D	4990 NESMITH RD	PLANT CITY FL 33567
D	SAHADEO, TZEPORAW	4990 NESMITH RD	PLANT CITY FL 33567
EXD	MCGRIFF, ERNEST	4990 NESMITH ROAD	PLANT CITY FL 33566
D	SALES, ROBERTA	2500 N. FRONTAGE ROAD	PLANT CITY FL 33566

600008834906

11/06/02--01112--004 **\$1.25

600008834908

12/03/02--01070--011 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGRIFF, JOYCE D
4990 NESMITH RD
PLANT CITY FL 33567

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Handwritten signature/initials

C:\REC40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Joyce D. McGriff
REGISTERED AGENT MUST SIGN

Date

October 28, 02

11. 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:

Ernest McGriff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 28, 2002

Date

Daytime Phone #

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

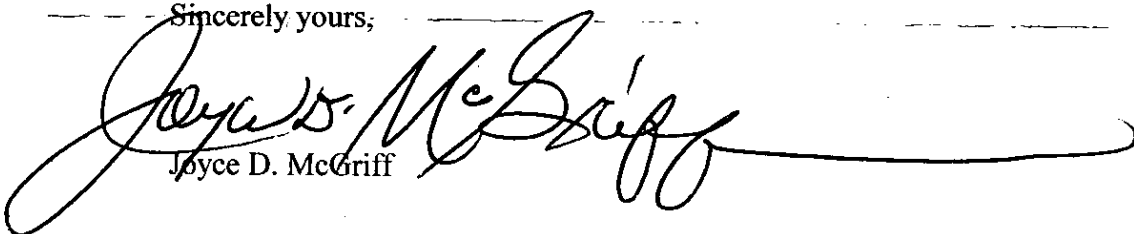
Dear Sir:

I received your **NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION** 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.

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 **all late fees be waived** 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,


Joyce D. McGriff