

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hod**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01000005284**

1. Corporation Name

**JAYCARE CHILD DEVELOPMENTAL CENTER, INC.**

Principal Place of Business

4609 HORTON RD  
PLANT CITY FL 33567

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/25/2001

5. FEI Number

59-3737242

Applied For

Not Applicable

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	MCGRUFF, JOYCE D	4990 NESMITH RD	PLANT CITY FL 33567
D	SAHADEO, TZEPORAW	4990 NESMITH RD	PLANT CITY FL 33567
EXD	MCGRUFF, ERNEST	4990 NESMITH ROAD	PLANT CITY FL 33566
D	SALES, ROBERTA	2500 N. FRONTAGE ROAD	PLANT CITY FL 33566
			800024101678 10/27/03--01016--013 **\$113.25
			01/17/03 90023 022 \$61.25

8. Name and Address of Current Registered Agent

MCGRUFF, JOYCE D  
4990 NESMITH RD  
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 737-1293

CR2E040 (7/03)



**REINSTATEMENT 2003**

FILED

03 DEC -8 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA