

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000007876**

1. Corporation Name

ALL FAITH DAYCARE CENTER, INC.

Principal Place of Business

3133 SPRING GLEN ROAD
JACKSONVILLE FL 32207

Mailing Address

3133 SPRING GLEN ROAD
JACKSONVILLE FL 32207

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

10/14/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMPBELL, ALBERTA FELECIA J. ARMSTRONG	P.O. BOX 0457 3133 SPRING GLEN RD, 32207	JACKSONVILLE FL 32208-7
VPD	PALMER, CAROLYN ALLEN ARMSTRONG	3239 MONTGOMERY DRIVE 3133 SPRING GLEN RD 32207	JACKSONVILLE FL 32208-7
TD	TYSON, TRACYE BARBARA HAYES	6050 BART ROAD 311 W. ASHLEY ST	JACKSONVILLE FL 32209-32202
S	NAOMI TOOKES	9856 WHITFIELD CT	Jacksonville, FL 32221
			10/21/03-01107-001 ***61.25
			10/21/03-01107-001 ***61.25

8. Name and Address of Current Registered Agent

~~FELECIA ARMSTRONG, FELECIA~~
12220 SPRINGMOOR THREE COURT
JACKSONVILLE FL 32205 32207
3133 SPRING GLEN RD

9. Name and Address of New Registered Agent

Name
ARMSTRONG, FELECIA
Street Address (P.O. Box Number is Not Acceptable)
3133 SPRING GLEN RD
Suite, Apt. #, Etc.
City
JACKSONVILLE
State
FL
Zip Code
32207

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

Felecia Armstrong
REGISTERED AGENT MUST SIGN

Date *10-16-03*

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:

Felecia Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 (904) 3982040
Date Daytime Phone #

All Faith Daycare Center, Inc.

1403 N. Myrtle Ave.
Jacksonville, FL 32209
904-355-3179

3133 Spring Glen Rd.
Jacksonville, FL 33207
904-398-2040

To whom it May CONCERN:

I Felecia Armstrong,
DID NOT RECEIVE the cooperate Report
for 2003. I only received this
APPLICATION for REINSTATEMENT NOTHING
ELSE.

Sincerely,

Felecia Armstrong