

Page 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

DOCUMENT # N03000001745

1. Corporation Name

Central Florida YMCA Childcare Services, Inc.

2. Principal Office Address - No P.O. Box #

433 N. MILLS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

433 N. MILLS AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

Zip

32803

Country

USA

Zip

32803

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/27/2003

5. FEI Number
20-1065407

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

COLLEEN MANAHAN

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

433 N. MILLS AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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**

REGISTERED AGENT MUST SIGN

Date 02/18/2009

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	JAMES FERBER	433 N. MILLS AVENUE	ORLANDO/FL/32803
CFO	MARK RUSSELL	433 N. MILLS AVENUE	ORLANDO/FL/32803
VP	COLLEEN MANAHAN	433 N. MILLS AVENUE	ORLANDO/FL/32803
D	CHIP WEBB	433 N. MILLS AVENUE	ORLANDO/FL/32803
D	RALPH MARTINEZ	433 N. MILLS AVENUE	ORLANDO/FL/32803
D	SANDY HOSTETTER	433 N. MILLS AVENUE	ORLANDO/FL/32803

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 contained in Chapter 119, 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

02/18/2009

Date

407-896-9220

Daytime Phone #

As per telephone conversation with Star Barrett on 2/23
2009... Attachment added

Page 202

ATTACHMENT FOR: CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.
Additional Officer/Director Detail

Title: DFO

Name: Star Barrett

Street Address: 433 N. Mills Avenue

City/State/Zip: Orlando/FL/32803