

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL -5 AM 8:50

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N04000010119*

1. Corporation Name
*The Childcare Provider Association of the
Fabulous Florida Keys*

2. Principal Office Address - No P.O. Box #
222 Antigua Drive

3. Mailing Office Address
P.O. Box 2512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier, FL

City & State

Key Largo, FL 33037

Zip

33070

Country

Monroe

Zip

33037

Country

Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-2004

5. FEI Number

EIN # 41-2168988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sue Ellen Bennett

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

222 Antigua Drive

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

☒ 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.

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

Sue Ellen Bennett, President

Date *6-29-07*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Sue Ellen Bennett</i>	<i>222 Antigua Drive</i>	<i>Tavernier, FL 33070</i>
<i>V</i>	<i>Michele Morgan</i>	<i>1304 Truman Ave.</i>	<i>Key West, FL 33040</i>
<i>S</i>	<i>Christina Ruiz</i>	<i>5 Transylvania Ave</i>	<i>Key Largo, FL 33037</i>
<i>T</i>	<i>Kelley Steinmetz</i>	<i>1045 Valencia Road</i>	<i>Key Largo, FL 33037</i>

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:

Sue Ellen Bennett, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/07
Date

305 852-2161
Daytime Phone #

27/10