

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 PM 2:50

DOCUMENT # N15102

1. Corporation Name
Playland Child Care Inc.

2. Principal Office Address

1704 Vine St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 635

Suite, Apt. #, etc.

City & State

Leesburg Fla.

Zip

34748

Country

Lake

City & State

Oxford Fla.

Zip

34484

Country

Sumter

600057506456
07/15/05--01012--003 **70.00

600057506456
08/04/05--01021--001 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2756931

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

Carmen A Feliciano

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

1704 Vine St P.O. Box 635

Suite, Apt. #, Etc.

City

Oxford Fla.

State

FL

Zip Code

34484

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

Carmen A Feliciano
REGISTERED AGENT MUST SIGN

Date

July 7, 2005

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/D	<i>Carmen A Feliciano</i>	<i>P.O. Box 635</i>	<i>Oxford Fla. 34484</i>
D	<i>Israel Feliciano</i>	<i>P.O. Box 635</i>	<i>Oxford Fla. 34484</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 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:

Carmen A Feliciano
Carmen A Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 7, 05
352-
787-7002
Daytime Phone #