

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 NOV 19 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15102**

1. Corporation Name

PLAYLAND CHILD CARE, INC.

Principal Place of Business

Mailing Address

**1704 WEST VINE STREET
LEESBURG FL 34748**

**1704 WEST VINE STREET
LEESBURG FL 34748**



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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
PVD	FELICIANO, CARMEN A	P.O. BOX 56	OXFORD FL 34484
D	FELICIANO, ISRAEL	12948 CT. ROAD 101-P.O. BOX 56	OXFORD FL 34484
D	FELICIANO, IRENE	67 HICKORY TRK. WAY	OCALA FL 34472

400024864014

11/19/03--01069--004 **70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FELICIANO, CARMEN A
1704 WEST VINE ST
LEESBURG FL 32748**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 #

CR20040 (7/03)

Playland Child Care, Inc.

1704 W. Vine Street
Leesburg, Florida 34748
(352) 787-7002
Fax (352) 787-7643

Florida Dept of State
Nov 17, 2003

We need to reinstate the
Application again, we
never got it, Could be
of change of Address
Our Mailing Add.

P.O. Box 635

Oxford FL 34484

Thank you,
Larner H. Helman

N15103