

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N25454*

1. Corporation Name

Nell's Little Tots Daycare INC

2. Principal Office Address

16145 N.W. 29th Ave.

Suite, Apt. #, etc.

City & State

OPA-LOCKA FL.

Zip

33054

Country

Dade

3. Mailing Office Address

16145 N.W. 29th Ave.

Suite, Apt. #, etc.

City & State

OPA-LOCKA FL.

Zip

33054

Country

Dade

REINSTATEMENT *95-04*

4. Date Incorporated or Qualified
To Do Business in Florida

03-12-88

5. FEI Number

65-0030822

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

NELDA A. DAVIS

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

16145 N.W. 29th Ave.

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33054

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

Nelda A. Davis

Date *10-21-04*

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 |
|--------|--------------------------------------|---|---|
| CEO | <i>NELDA A. DAVIS</i> | <i>16145 N.W. 29th Ave.</i> | <i>OPA-LOCKA FL 33054</i> |
| S | <i>TANGELA H. DAVIS</i> | <i>16145 N.W. 29th Ave</i> | <i>OPA-LOCKA FL 33054</i> |
| D | <i>SAMUEL LIVER</i> | <i>1211 S. ESAME ST</i> | <i>OPA-LOCKA FL 33054</i> |
| | | | <i>000042114470 10/22/04--01069--012 **787.50</i> |
| | | | <i>000042114470 10/22/04--01069--013 **8.75</i> |
| | | | <i>10/25</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:

Nelda A. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04 / 305-624-9768

Date

Daytime Phone #

CR2E081 (01/04)