

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N28306

Tabernacle Day Care Center, Inc

2. Principal Office Address

950 West 13th Street

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32771

Country

USA

3. Mailing Office Address

P.O. Box 1822

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32772-1822

Country

USA

REINSTATEMENT 95-03

900012871939

02/20/03--01055--007 **726.25

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

9/12/1988

5. FEI Number

592144961

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

Cassandra Buie

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

550 Elmerest Place

Suite, Apt. #, Etc.

City

DeBary

State

FL

Zip Code

32713

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

C. D. Buie

REGISTERED AGENT MUST SIGN

Date 2/11/03

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
C	Garrie-B. Bryant	550-Elmerest-Place	DeBary, FL 32713
D	Ronald Nathan	567 Elmerest Place	De Bary, FL 32713
D	Cassandra Buie	550 Elmerest Place	DeBary, FL 32713
D	Jawice Dixon	297 Adelaide Street	DeBary, FL 32713

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:

C. D. Buie

2/11/03

Date

(386) 740-5232

Daytime Phone #

CR2E081 (10/02)

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