PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 17 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30482

1. Corporation Name

DADE ASSOCIATION OF CHILD CARE PROGRAMS, INC.

Principal Place of Business	Mailing Address
%MARY L. CLAYTON 200 NW 47TH STREET MIAMI FL 33127	%MARY L. CLAYTON 200 NW 47TH STREET MIAMI FL 33127

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/1989

5. FEI Number: 65-0108424 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	VELAZQUEZ, NILSA M	9500 E CALUSA CLUB DR	MIAMI FL 33188
RS	CAPOTE, MARIA I	123 NE 36TH ST	MIAMI FL 33137
V	CIMINO, CLAUDIA E	254 CURTISS PARKWAY	MIAMI FL 33166
TD	CLAYTON, CHERYL L	200 N W 47TH STREET	MIAMI FL
FSD	MONTES, GLADYS R	1080 PORT BLVD	MIAMI FL 33132
PD	GRAY, CLAUDIA B	4300 NW 12TH AVE	MIAMI FL 33127

8. Name and Address of Current Registered Agent

CLAYTON, CHERYL L
%CHERYL'S DAY CARE
200 NW 47 ST.
MIAMI FL 33127

800002033458--9
-12/19/96--01027--008
****375.00 ****375.00

9. Name and Address of New Registered Agent

Name: Clayton Cheryl L
Street Address (P.O. Box Number is Not Acceptable): 3630 NE 1st Court
Suite, Apt. #, Etc.:
City: Miami
State: FL
Zip Code: 33137

CR2E040 (7/96)

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.

Signature of Registered Agent: Cheryl L. Clayton SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date:

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐

(See other side for information on intangible tax.)

12. 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: M Velazquez SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96
Date

(305)576-6990
Daytime Phone #

0051745 AP