

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

**N30482**

1. Corporation Name

**DADE ASSOCIATION OF CHILD CARE PROGRAMS, INC.**

Principal Place of Business

**1500 Biscayne Blvd., S-335  
Miami, Florida 33132**

Mailing Address

**W99000001548**

**REINSTATEMENT**

**1997-1999**

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

**02/03/89**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0108424**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Valerie Wilkerson	1500 Biscayne Blvd. S-335	Miami, Florida 33132
VP	Audrey Sears	2760 NW 210 Terrace	Miami, Florida 33056
S	Marisabel Leon-Capote	6411 SW 127 Place	Miami, Florida 33183
D	Claudia Gray	4300 NW 12 Avenue	Miami, Florida 33127
D	Mary Clayton	200 NW 47 Street	Miami, Florida 33127
D	Bertha M. Alexander	2152 NW 64 Street	Miami, Florida 33147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Valerie Wilkerson**

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

**1500 Biscayne Blvd. S-335**

Suite, Apt. #, Etc.

City **Miami**

State **FL**

Zip Code **33132**

**600002775986--3  
-02/15/99--01133--012  
\*\*\*\*367.50 \*\*\*\*367.50**

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

*Valerie Wilkerson*

REGISTERED AGENT MUST SIGN

Date **01/08/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

Has Filed

(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:

*Valerie Wilkerson* Valerie Wilkerson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/08/99**

(305) 995-7636  
Daytime Phone #

CR2E040 (1/98)