

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # N30482**

**00 NOV -3 AM 11:23**

1. Corporation Name

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

Principal Place of Business

Mailing Address

1500 BISCAYNE BLVD., S-335  
MIAMI FL 33132

1500 BISCAYNE BLVD., S-335  
MIAMI FL 33132



**REINSTATEMENT**

*00*

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

**02/03/1989**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0108424**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	WILKERSON, VALERIE	1500 BISCAYNE BLVD., S-335	MIAMI FL 33132
VP	SEARS, AUDREY	2760 NW 210 TERRACE	MIAMI FL 33056
S	LEON-CAPOTE, MARISABEL	6411 SW 127 PLACE	MIAMI FL 33183
D	GRAY, CLAUDIA	4300 NW 12 AVENUE	MIAMI FL 33127
D	CLAYTON, MARY	200 NW 47TH STREET	MIAMI FL 33127
D	ALEXANDER, BERTHA M	2152 NW 64 STREET	MIAMI FL 33147

8. Name and Address of Current Registered Agent

WILKERSON, VALERIE  
1500 BISCAYNE BLVD., S-335  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**888883478320**

**-11/28/00--01056--004**

**\*\*\*23525 Zip Code: 235, 25**

**FL**

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 **10/20/00**

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:**

*Mary L. Clayton*

**MARY L. CLAYTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/20/00**

Date

**(305) 576-1888**

Daytime Phone #