

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000263**

1. Corporation Name

HELEN R. PAYNE DAY NURSERY, INC.

Principal Place of Business

1729 33RD STREET
SARASOTA FL 34234
US

Mailing Address

P O BOX 3365
SARASOTA FL 34230

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1993

5. FEI Number

59-0785717

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ATKINS, BRIAN	2115 NO. TUTTLE AVE.	SARASOTA FL 34234
D	WILSON, ALLEAN	1570 22ND ST.	SARASOTA FL 34234
D D	MILLETT, MARIE FREDERICK, LEATHA	2801 NO LINKS AVE P O BOX 9054	SARASOTA FL SARASOTA FL 34278
S	HAPPY, DIANE	4320 CENTER POINTE LANE	SARASOTA FL 34234
ED	GRIMES, RAYMELL B	1580 28TH ST.	SARASOTA FL 34234
D	SPIRES, RUTH	2956 NOBLE AVE.	SARASOTA FL

8. Name and Address of Current Registered Agent

GIERHART, CHARLES A CPA
100 WALLACE AV
SUITE 360
SARASOTA FL 34230

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
34237

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. or 617.0505, F.S.

Signature of
Registered Agent

Charles A. Gierhart
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

Raymell B. Grimes
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMELL B. GRIMES

Date

10/23/02

Daytime Phone #

CD2E040 (8/02)