PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93	300000026	J
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1. Corporation Name

HELEN R. PAYNE DAY NURSERY, INC.

Principal Place of Business

Mailing Address

1729 33RD STREET SARASOTA FL 34234

US

P O BOX 3365

SARASOTA FL 34230

2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State	\		
Zip	Country	Zip	Country		
7. Names and Stre	et Addresses of Each Officer an	d/or Director (Florida i	nonprofit corporations must list at lea		

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT oz

in above addresses are incorrect in any way, line through incorrect information and enter correction below.					/.				
New Principal Office Address, If Applicable 3. New		3. New Mai	New Mailing Office Address, If Applicable		Date Incorp To Do Busi	Date Incorporated or Qualified To Do Business in Florida 01/19/1993			
Suite, Apt. #, etc. Suite,		Suite, Apt. #	. #, etc.		- L				
			,		5. FEI Numbe	r	Applied For		
City & State		City & State		-	-	59-0785717	Not Applicable		
					6.	6			
Zip	Country	Zip		Country	1 =:	E OF STATUS DESIRED 🔲 \$8.	75 Additional Fee required or a Certificate of Status		
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list a	l least 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / St	ate / Zip		
D	ATKINS, BRIAN		2115 NO. TUTTLE AVE.		SARASOTA FL 34234				
D	WILSON, ALLEAN		1570 22ND ST.		<u> </u>	SARASOTA FL 34234			
D -	MILLETT, MARIE- /	-2801-NO-LINKS-AVE		SARASOTA FL					
D	FREDERICK, LEATHA		P O BOX 9054		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

City

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

Suite, Apt. #, Etc.

10/29/02-

9. Name and Address of New Registered Agent

SUITE 260

State | 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.

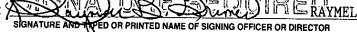
Signature of

100 WALLACE AV SUITE_360-

SARASOTA FL 34230



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 filling 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.



Daytime Phone #