

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N93000004281**

1. Corporation Name

SPECIAL CARE FOR SPECIAL KIDS, INCORPORATED

Principal Place of Business

Mailing Address

**140 E STATE RD 434
LONGWOOD FL 32750**

**140 E STATE RD 434
LONGWOOD FL 32750**

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

**220 Owens Harbor Rd
Suite, Apt. #, etc.
Osteen, FL**

**220 Owens Harbor Rd
Suite, Apt. #, etc.
Osteen, FL**

City & State

City & State

Zip **32764** Country **USA**

Zip **32764** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

09/20/1993

5. FEI Number

59-3198801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
CD	FOSLER, JUNE	320 LONGWOOD HILLS RD. 220 Owens Harbor Rd	LONGWOOD FL Osteen, FL 32764
PDT	EVANS, MARY E EVANS CYNTHIA Neusch	107 GREENLEAF LANE 483 STILL Forest Tr.	ALTAMONTE SPGS. FL SANford, FL 32771
SDT	LIEBNECHT, DEBBIE	3086 ONDICH ROAD	APOPKA FL
VT	JALOWSKY, DARLENE Neressa Danvers	48 CINNAMON DR 719 Trailwood Dr	ORLANDO FL Ait. Sps 32714
M	ULEKOWSKI, KATHY	2524 GRASSY POINT DR	LAKE MARY FL
		\$12/24	900113349369 12/21/07-01028-012 **\$65.00

8. Name and Address of Current Registered Agent

FOSLER, JUNE C
320 LONGWOOD HILLS ROAD
LONGWOOD FL 32750
220 Owens Harbor Rd
Osteen, FL 32764

9. Name and Address of New Registered Agent

Name **900113349369**
12/21/07-01028-013 **\$8.75
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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

June Cary Foster
REGISTERED AGENT MUST SIGN

Date

12/10/07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June Cary Foster **June Cary Foster** **12/10/07**

Date

Daytime Phone #

407-766-7647



REINSTATEMENT 00207

FILED
07 DEC 24 PM 1:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/00)