

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 26 PM 12:16

**DOCUMENT #** N 94000005427

1. Corporation Name

CHERISH CHILD CARE CENTER, INC

Principal Place of Business  
4201 N.W. 2nd Avenue  
Miami, Florida 33127-

Mailing Address  
4201 N.W. 2nd Avenue  
Miami, Florida 33127-

400002950554--8  
-08/04/99--01074--004  
\*\*\*\*\*297.50 \*\*\*\*\*297.50

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	EVA M. MILLER	8026 N.W. 12th COURT	MIAMI FLORIDA 33147
S./D	JOYCE A. Lee	1270 N.W. 84th TERR	MIAMI . FLORIDA 33147
T./D	ELOISE DENNIS	1056 N.W. 56th Street	MIAMI, FLORIDA 33127
VP	DAMEON D, CLAYTON	61 N.W. 47th Street	MIAMI , FLORIDA 33127

REINSTATEMENT 98-99

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARY L. CLAYTON  
61 Northwest 47th Street  
Miami Florida 33127

Name

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

Suite, Apt. #, Etc.

City

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

*Mary L. Clayton*

REGISTERED AGENT MUST SIGN

Date April 26, 1999

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

Yes ☒ No ☐

(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:

*Eva m. Miller*

EVA MAE MILLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 (305) 758-9446  
Date Daytime Phone #