

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **98 AR**
 ANNUAL REPORT DOCUMENT # **NA5000005493**
 1. Corporation Name
Newberry Community Daycare Center, Inc.

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUN 30 PM 1:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
24505 NEWBERRY LANE
NEWBERRY, FL 32669
P.O. BOX 144
NEWBERRY, FL 32669
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

700002582737--2
 -07/08/98--01042--006
 *****70.00 *****70.00

2. New Principal Office Address, If Applicable
P.O. BOX 144
 Suite, Apt. #, etc.
 City & State
Newberry,
 Zip Country
32669 Alachua

4. Date Incorporated or Qualified To Do Business in Florida
NOVEMBER 20, 1995
 5. FEI Number
59-1356 075
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/O	ELAINE M. FRANKLIN	13712 NW CR 235	Alachua, FL 32615
S/O	BARBARA HENKY	1001 SW 143rd St	Newberry, FL 32669
T/O	MAE ISLAR	24434 NEWBERRY LANE	NEWBERRY, FL 32669
M/O	MARIE McCRAY	403 N.W 245 TERRACE	NEWBERRY, FL 32669

8. Name and Address of Current Registered Agent
Elaine McClain Franklin
13712 NW CR 235
Alachua FL 32615

9. Name and Address of New Registered Agent
 Name
 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 **Elaine McClain Franklin** REGISTERED AGENT MUST SIGN Date **6/17/98**

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: **MAE V. ISLAR** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6/17/98** Daytime Phone # **352-492-2306**

CR2E040 (1/98)