

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **N96000003180**

1. Corporation Name

CECILE DAY CARE CENTER, INC.

Principal Place of Business

6911 N.W. 3RD AVENUE
MIAMI FL 33150

Mailing Address

183 NE 57TH ST
MIAMI FL 33137
US

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/1996

5. FEI Number

NOT APPLICABLE

☒ 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
PD	LAURISTON, CECILE D	460 N.W. 89TH STREET	MIAMI FL 33150
VD	PIERRE, MENDES A Alcindor, Pierre M. D	13025 SW 107TH TER	MIAMI FL 33186
STD	JACOTTE, PREVILUS N/A	183 NE 57TH ST	MIAMI FL 33137
	LAURISTON, JEAN D	460 NW 89th St	MIAMI FL 33150

8. Name and Address of Current Registered Agent

LAURISTON, CECILE
183 NE 57TH ST
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name Pierre M. Alcindor
Street Address (P.O. Box Number is Not Acceptable)
13025 SW 107TH TER
Suite, Apt. #, Etc. MIAMI, FL 33179
City MIAMI State FL Zip Code 33179

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

Pierre M. Alcindor **NOTAR PUBLIC REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/11/98

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:

CECILE LAURISTON Cecile Lauriston 11/11/98 305-751-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #