

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 29 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000006081

1. Corporation Name

Apostolic Wee Care, Inc.

2. Principal Office Address

same address →

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1414 west 37th street

Suite, Apt. #, etc.

Riviera Beach

City & State

Florida 33404

Zip

33404

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1997

5. FEI Number

65-0792934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolyn A. Edwards

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

1414 west 37th street

Suite, Apt. #, Etc.

Riviera Beach Florida 33404

City

State

FL

Zip Code

33404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/27/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Carolyn A. Edwards	1414 west 37 th street	Riviera Beach Florida 33404
Vice President	Keon T. Edwards	1414 west 37 th street	Riviera Beach Florida 33404
Secretary	Judy Toombs	1320 9 th street	West Palm Beach Florida 33401
Treasurer	Laurel A. Edwards	2220 Australian Ave # 322	West Palm Beach Florida 33401
Director	Barbara Patterson	11868 Oleander Drive	Royal Palm Florida 33411
Assistant Secretary	Crystal West	831 Laurel Drive	Lake Park Florida 33403

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/2000 (561)
882-9519
601-8993

Daytime Phone #