PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
CORPORATION REINSTATEMENT				FI	LED -7 AM 10: 19		
DOCUMENT # N99000007266 1. Corporation Name MANATEE COUNTY HEAD START, INC. 369 6th Avenue West Doe to have Elevide 24205				SECRET, TALLAHA	ARY OF STATE ISSEE, PLORIDA		
Bradenton, Florida 34205 <b>2.</b> Principal Office Address <b>3.</b> Mailing Of369 6th Avenue WestBradenton			ffice Address , Florida 34205				
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	¥, etc.		<b>4.</b> Date Incorporated or Qualified To Do Business in Florida 12/9/99		
	Bradenton, Florida			5: FEI Numbe 59-62087	9r	Applied For Not Applicable	
Zip. 34205	Country USA		Country	G. CERTIFICATE	E OF STATUS DESIRED S8.75 Ad	ditional Fee required ertificate of Status	
8. I, being Signature of	Joan Hill   Street Address (P.O. Box Number is Not Acceptable)   369 6th Avenue West   Suite, Apt. #, Etc.   City   Bradenton,   FL   Zip Code   34205						
Registered Agent Date Date V							
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							
D -	TUFTY, MARY		7608-15th Avenue NW		Bradenton, Florida 34205		
Ð			369 6th Avenue West		Bradenton, Florida 34205		
D	GREEN, KARY		369 6th Avenue West		Bradenton, Florida 34205		
t F Milger				<b>40</b> 10/07/0	0041669444 401044003 **18	3.75	
<b>10.</b> 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 Date Date Date Date Date Date Date							

## HOLLAND & KNIGHT LLP

Bradenton Financial Center 1401 Manatee Avenue West, Suite 1200 P.O. Box 1866 (ZIP 34206-1866) Bradenton, Florida 34205-6702

941-748-7076 FAX 941-747-9774 www.hklaw.com

October 4, 2004

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

## Re: MANATEE COUNTY HEAD START, INC. Ref: N99000007266

Gentlemen:

Enclosed please find an original Application for Reinstatement for the above corporation. It is my understanding that the Annual Report for 2002 was returned to your office as "undeliverable." As the Report was "undeliverable", we request that the \$175.00 reinstatement fee be waived.

Our check in the amount \$183.75 is enclosed representing the Annual Report fee for the past 3 years.

If you should have any questions, please contact my office immediately. Thank you in advance for your prompt attention and cooperation to this matter

Very truly yours,

HOLLAND & KNIGHT LLP

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Tallahassee Tampa Washington, D.C. West Palm Beach International Offices: Caracas<sup>\*\*</sup> Helsinki Mexico City Rio de Janeiro São Paulo Tel Aviv<sup>\*\*</sup> Tokyo

San Francisco

Seattle

\*Holland & Knight LLC

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CHARLES 39. 498990TT, JR. "Representative Office 941-745-8105 Internet Address:□chuck.pratt@hklaw.com

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