

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT -8 AM 8-30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000004895

1. Corporation Name

Educational Child Care Center, Inc.

2. Principal Office Address - No P.O. Box #

1215 NE 18th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1215 NE 18th Ave

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

USA

Zip

32609

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/10/2000

5. FET Number

59 - 3622655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joyce A Vinson

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

1215 NE 18th Ave

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

800277902548
10/08/15--01019--021 **1208.75

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

Joyce A Vinson
REGISTERED AGENT MUST SIGN

Date **10/05/2015**

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
P/V/S/T	Joyce A Vinson	1215 NE 18th Ave	Gainesville, FL 32609

REINSTATEMENT

OCT 08 2015

R. HUNT

10. E-mail Address: **joyceabusylady@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Joyce A Vinson

Joyce A Vinson, President

Date **10/05/2015**

352 - 494 - 8179

Daytime Phone #