

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 22 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000018119

1. Corporation Name

THE EARLY YEARS CDC, INC.

Principal Place of Business

8019 HOLLY RIDGE DRIVE
LAKELAND FL 33810

Mailing Address

8019 HOLLY RIDGE DRIVE
LAKELAND FL 33810

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5100 US Hwy 98 North
Suite, Apt. #, etc.

Suite 10

City & State

Lakeland, Florida

Zip

33810

Country

U.S.

3. New Mailing Office Address, If Applicable

5100 US Hwy 98 North
Suite, Apt. #, etc.

Suite 10

City & State

Lakeland, Florida

Zip

33810

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2000

5. FEI Number

59-3634389

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SIEBOLD, TRACY L	8019 HOLLY RIDGE DRIVE	LAKELAND FL 33810

8. Name and Address of Current Registered Agent

SIEBOLD, TRACY L
8019 HOLLY RIDGE DRIVE
LAKELAND FL 33810

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

7-26-02

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., 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)(j), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-26-02

Daytime Phone #

292

The Early Years CDC, Inc.
5100 U.S. Hwy 98 North
Lakeland, FL 33810

To Whom it may concern:

Please be advised that this corporation has not received any previous notices for filing corporation renewals prior to this notice of revocation. Enclosed is a check for ~~\$150.00~~ and application for reinstatement.
300.00

Sincerely,

Tracy L. Siebold

Tracy L. Siebold