

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000037483**

1. Corporation Name

NEW BEGINNINGS DAYCARE, INC.

Principal Place of Business

6318 W. COLONIAL DRIVE
ORLANDO FL 32818

Mailing Address

6318 W. COLONIAL DRIVE
ORLANDO FL 32818

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/2000

5. FEI Number

59-3638460

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	LAWRENCE, WONYA D	7244 WOODHILL PARK DRIVE	ORLANDO FL 32818
		4056 SHANNON BROWN DRIVE	ORLANDO, FL 32808
			800004706068--8 -12/05/01--01053--021 *****150.00 *****150.00
			800004706068--8 -12/05/01--01053--022 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWRENCE, WONYA D

7244 WOODHILL PARK DRIVE 4056 SHANNON
APARTMENT 1001 BROWN DRIVE
ORLANDO FL 32818 ORL. FL 32808

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

Wonya D. Lawrence
REGISTERED AGENT MUST SIGN

Date November 6, 2001

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)(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:

Wonya D. Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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New Beginnings Daycare, Inc.
6318 W. Colonial Drive
Orlando, FL 32818
FEIN 59-3638460

November 6, 2001

Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is in response to the revocation of "active" status for my corporation. This notice was received on Monday, November 5, 2001. This was the only notice that was received and I immediately acted upon it.

Prior to the beginning of this year (2001), My accounting was done by a CPA and I was unaware of the filing status of the Uniform Business Report, hence the report not being provided in a timely manner.

Enclosed I have completed the Application for reinstatement along with a check in the amount of \$150.00. I have also enclosed an additional \$8.75 for a certificate of status.

If there is any additional documentation that is needed please contact me and I will provide it ASAP.

Sincerely,

Wonya D. Lawrence

Wonya D. Lawrence
President/Registered Agent.

