

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP -6 PM 12:27

DOCUMENT # P00000084316

1. Corporation Name

Little Citizens Child Development Center, Inc

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

414 West 6th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1045 516

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33805

Country

USA

City & State

Lakeland, Florida

Zip

33802

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3670899

☒ 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 Catherine D. Leonard

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

414 West 6th Street

Suite, Apt. #, Etc.

Lakeland

City

State

FL

Zip Code

33801

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Catherine D. Leonard

REGISTERED AGENT MUST SIGN

Date 8/6/07

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
DP	Catherine D. Leonard	414 West Sixth Street	Lakeland, Florida 33805
DV	Harold E. Brown	1019 West 7 th Street	Lakeland, Florida 33805
DST	Susan Haynes	414 West Sixth Street	Lakeland, Florida 33805
REINSTATEMENT 9/6-07/07			
300109128943 03/06/07--01016--003 **300.00			

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine D. Leonard

Date

8/6/07

Daytime Phone #

863-688-0823