

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

03 OCT -1 AM 8:00

DOCUMENT # **P00000084316**

1. Corporation Name

**Little Citizens Child Development Center Inc**

2. Principal Office Address

**414 W. 6th Street**

Suite, Apt. #, etc.

City & State

**Lakeland, Florida**

Zip

**33805**

Country

**USA**

3. Mailing Office Address

**P.O. BOX 1045 Lakeland, Florida 33802**

Suite, Apt. #, etc.

City & State

**Lakeland, Florida**

Zip

**33802**

Country

**USA**

**200023577292**

10/06/03--01016--011 \*\*308.75

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/1/2000**

5. FEI Number

**593670899**

☒ 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.

City

**Lakeland**

State  
**FL**

Zip Code

**33801**

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

**9/29/03**

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	Leonard, Catherine D.	414 West 6th Street Lakeland, Florida 33805	Lakeland, Florida 33805
DV	Brown, Harold E	1019 N. 7th Street	Lakeland, Florida 33805
DST	Haynes, Susan C	414 West 6th Street	Lakeland, Florida 33805

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 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:

**Catherine D. Leonard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/29/03**

Daytime Phone #

**(863) 688-0823**

CR2E081 (1/02)

9-29-03

To whom it concerns:

I am addressing to The office  
that Little Citizens CDC. Inc. had no  
acknowledgement of receiving any documentation  
of filing our UBR report for 2002

Thank-You  
Susan C. Haynes  
Officer for Little Citizens  
CDC. Inc.

# 863-688-0823