

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 17 AM 8:52

DOCUMENT # P00000097618

1. Corporation Name

Storeybook Child Care Center, Inc.

2. Principal Office Address

4640 Ricker Road

3. Mailing Office Address

4640 Ricker Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

Zip

32210

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/00

5. FEI Number

59-3675409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathy L. Storey

800004654438--5

-10/26/01--0103--018

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

4640 Ricker Road

\*\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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

*Kathy L. Storey*  
REGISTERED AGENT MUST SIGN

Date 10-15-01

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
D	Kathy L. Storey	14070 Tontine Road	Jacksonville, FL 32225

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:

*Kathy L. Storey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy L. Storey

771-1434

Date

10/15/01

Daytime Phone #

Storeybook Child Care Center, Inc.  
4640 Ricker Road  
Jacksonville, FL 32210  
(904) 771-1434

October 15, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Storeybook Child Care Center, Inc.  
Florida State Doc. No. P00000097618

Dear Sirs/Madam;

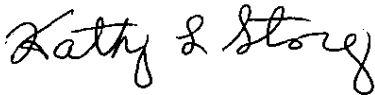
We are in receipt of a letter stating that the above referenced corporation was administratively dissolved due to your non-receipt of 2001 Annual Uniform Business Report.

Storeybook Child Care, Inc. Articles of Incorporation were filed on October 17, 2000 and did not begin business until November 1, 2001. As of this date, we have not received a copy of said paperwork requesting that this report be filed.

Therefore, we are submitting a completed Corporation Reinstatement Form along with the \$150.00 annual filing fee and requesting a waiver for additional reinstatement fees; due to our non-receipt of original forms.

If you have any questions please do not hesitate to contact us.

Sincerely,



Kathy L. Storey, Director  
Storeybook Child Care Center, Inc.