

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 JAN 18 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000102541**

1. Corporation Name

JULIE HOROWITZ CHILD CARE, INC.

Principal Place of Business

736 NW 83RD DR
CORAL SPRINGS FL 33071

Mailing Address

736 NW 83RD DR
CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2000

5. FEI Number

65-1051476

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
D	HOROWITZ, JULIE	736 NW 83RD DR	CORAL SPRINGS FL 33071

600004853386--7
-02/01/02--01053--011
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

HOROWITZ, JULIE
736 NW 83RD DR
CORAL SPRINGS FL 33071

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

JANUARY 15, 2001

Julie Horowitz Child Care Inc.

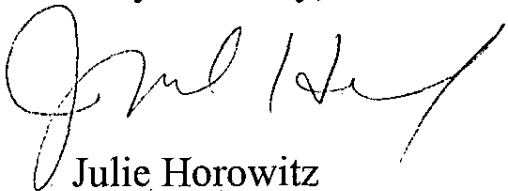
Re: Reinstatement of Corporation
P00000102541

Dear Sirs:

Enclosed please find my application for reinstatement for 2001. I am enclosing a check for \$ 300.00 for both 2001 and 2002.

2001 was the first year I had to file an annual report. Due to a problem with my mail I did not receive any of the forms for the annual fee. Please excuse my lateness in this matter and be assured that this will not happen again.

Very sincerely,

A handwritten signature in cursive script, appearing to read 'Julie Horowitz', written in dark ink.

Julie Horowitz
President