

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT

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

DOCUMENT # P00000115040

1. Corporation Name

BABY CARE DAY CARE, INC.

Principal Place of Business

4411 EVANS AVENUE  
NEW PORT RICHEY FL 34652

Mailing Address

4411 EVANS AVENUE  
NEW PORT RICHEY FL 34652

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

12/12/2000

5. FEI Number

59-2891711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GELMI, CONGETTA	5315 SPARROW DRIVE	HOLIDAY FL 34690
D	MOHRLE, ALICE	4619 JACQUELINE DRIVE	NEW PORT RICHEY FL 34652

800004719528--6  
-12/11/01--01080--014  
\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

GELMI, CONGETTA  
411 EVANS AVENUE  
NEW PORT RICHEY FL 34652

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

Congetta Gelmi

REGISTERED AGENT MUST SIGN

Date

11-29-01

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:

Alice Mohrle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-842-2454

20F2

Dear Sir

I did not received my  
annual report for  
this year, so I  
could not fill it  
out. In sending you  
my <sup>\$158.25</sup> ~~check~~ and  
a recostatment form

Thank you,  
Conqito Delma