

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 10 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005812**

1. Corporation Name

BEAR-Y BEST CHILD CARE CENTER, INC.

000017875630
05/02/03--01049--006 **\$00.00

REINSTATEMENT 02-03

2. Principal Office Address

3185 NW 39th Ave Court

Suite, Apt. #, etc.

NA

City & State

LAUDERDALE LAKES, FL

Zip

Country

33309 BROWARD

3. Mailing Office Address

3185 NW 39th Court

Suite, Apt. #, etc.

NA

City & State

LAUDERDALE LAKES, FL

Zip

Country

33309 BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

12.31.2001

5. FEI Number

65-1076495 (EIN)

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

ARLETT T. BAGALUE-TRACEY

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

3185 NW 39th Court

Suite, Apt. #, Etc.

NA

City

LAUDERDALE LAKES

State

FL

Zip Code

33309

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

Arlett Tracey

Date

04.24.03

REGISTERED AGENT MUST SIGN

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
President	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309
Owner	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309
C.E.O	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309
Secretary	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309
Treasurer	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309
Vice President	Arlett Tracey	3185 NW 39 th Ct	Laud Lks FL 33309

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:

Arlett Tracey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.03

Date

Daytime Phone #

954-647-3206

CR2E081 (10/02)

Aa Bb Cc Dd Ee Ff Gg Hh Ii Jj Kk Ll Mm Nn Oo Pp Qq

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: 203. Reinstatement Corp. Bear-y Best

Date: Thursday, April 24, 2003

From: Arlett Tracey

To Whom It May Concern:

This is to inform you that I have not received any uniform reports to be filed or reinstated. I would like to reinstate my corporation for two reports in the amount of \$300. I understand that each report is \$150, however, I missed the other one. Due to the fact that I have not received the reports, I am now sending a total of \$300 to reinstate the two terms. Please take this into consideration and allow me to do this. I have not done this before, however, that does not excuse me from following regulations. Unfortunately, I cannot file for something I have not been receiving.

Respectfully,

Arlett Tracey
Arlett Tracey