

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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12/05/02--01041--017 **150.00

DOCUMENT # P01000051276

1. Corporation Name

MICHELE C. BRISTOLL FAMILY DAY CARE, INC.
(DAYCARE)

Principal Place of Business

15171 CRICKET LANE
FT MYERS FL 33919 - 8314

Mailing Address

15171 CRICKET LANE
FT MYERS FL 33919 - 8314

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651137768

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DPD	BRISTOLL, MICHELE C	15171 CRICKET LANE	FT MYERS FL 33919 - 8314
DV	BRISTOLL, CHRISTINE M SHAW	641 PERWINKLE WAY B7 # 203 12065 SUMMERGATE CIRCLE	SANIBEL FL 33957 FT. MYERS, FL. 33913
DV	BRISTOLL, ANN L	404 SEFFNER STREET	MARION OH 43302
DS	MCDANIEL, KRISTY A BRISTOLL	PO BOX 820 1902 Titus Ct.	LEHIGH ACRES FL 33970 33972
DT	ANDERSON, LAURA A	15171 CRICKET LANE 14801 OLD OLGA RD	FT MYERS FL 33919 - 33905

8. Name and Address of Current Registered Agent

BRISTOLL, MICHELE C
15171 CRICKET LANE
FT MYERS FL 33919 - 8314

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. or 617.0505, 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:

MICHELE C BRISTOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02 239-4542715

CR2040 (8/02)