

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 -1 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068634

1. Corporation Name

WINNERS PRE-SCHOOL AND CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

6848 SILVER STAR ROAD
ORLANDO FL 32818

6848 SILVER STAR ROAD
ORLANDO FL 32818

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

52-2342387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name 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	MAKINDE, HELEN A	6848 SILVER STAR ROAD	ORLANDO FL 32818
D	MAKINDE, CHARLES A	6848 SILVER STAR ROAD	ORLANDO FL 32818
SEC	MAKINDE TEMITOPE .M.	6848 SILVER STAR ROAD	ORLANDO, FL 32818
TREASURER	MAKINDE ADESHOLA . T.	6848 SILVER STAR ROAD	ORLANDO, FL 32818
			300008750853 11/01/02--01026--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAKINDE, HELEN
8213 VILLAGE GREEN ROAD
ORLANDO FL 32818

MAKINDE HELEN
1751, RACHEL'S RIDGE LOOP
OCFEE, FL 34761

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

REGISTERED AGENT MUST SIGN

Date

10/28/02

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.

Charles Makinde

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2E040 (8/02)

WINNERS PRESCHOOL AND CHILDCARE CENTER, INC.
6848 Silver Star Rd.
Orlando, Florida 32818

October 24, 2002

Department of State
Division of Corporation
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Winners Pre-School and Child Care Center, Inc.
Certification of Administrative Dissolution or Revocation

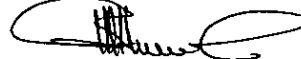
Dear Sir/Madam:

This acknowledges receipt of the Certification of Administrative Dissolution or Revocation from your agency. Please note I did not receive the first annual report notice and since the business was incorporated July and amended in October 2001, and I was not aware that I was required to file by May 1, 2002. Also, the address of the registered agent was changed at the end of the year, so I am sure that the notice was sent to the wrong address.

Therefore, on I am requesting that you accept the fee of \$150.00 and waive the \$600.00 reinstatement fee.

Thank you for your corporation in this matter. If you have any questions, please contact me at (407) 297-0703 or at the above address.

Sincerely,



Helen Makinde

Enclosure