

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 14 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000094047*

1. Corporation Name

ABBY CHILD CARE CENTRE II, INC.

2. Principal Office Address

735 N.E. 12TH AVE

3. Mailing Office Address

735 N.E. 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33033

Country

U.S.A.

Zip

33033

Country

U.S.A.

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

09/26/01

5. FEI Number

54-2071529

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

OMOTAYO B. AJILEYE

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

735 N.E. 12TH AVENUE

Suite, Apt. #, Etc.

City

HOMESTEAD

State
FL

Zip Code

33033

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

OMOTAYO B. AJILEYE
- REGISTERED AGENT MUST SIGN

Date *10-09-02*

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
<i>P/T</i>	<i>OMOTAYO B. AJILEYE</i>	<i>735 N.E. 12TH AVENUE</i>	<i>HOMESTEAD, FL 33033</i>
<i>V/S</i>	<i>ISAAC B. AJILEYE</i>	<i>735 N.E. 12TH AVENUE</i>	<i>HOMESTEAD, FL 33033</i>

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:

ISAAC B. AJILEYE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/09/02

Daytime Phone #

CR2E081 (9/01)

10/14/02