PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000543

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04/04/03--01049--003 **300.00

1. Corporation Name
Collins Quality Daycare, INC.,

2. Principal Office Address	**3.** Mailing Office Address
Suite, Apt. #, etc. 707 Chanbridge DR.	Collins Quality Daycare, Inc. Suite, Apt. #, etc. 707 Chanbridge Dr.
City & State Jasper Fla	City & State Jasper Fla
Zip 32052 Country Hamilton	Zip 32052 Country Hamilton

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 80-0006747 ☐ 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: JoAnne D. Collins

Street Address (P.O. Box Number is Not Acceptable): 707 Chanbridge Dr.

Suite, Apt. #, Etc.:

City: Jasper | State: FL | Zip Code: 32052

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: Joanne Collins Date: 3/14/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Vice President	Johnny L. Owens	317 N.W. 4th St.	Jasper Fla 32052
owner	Sabrina Marshall	10319 First St.	White Springs Fla 32053
owner	Queenie J. Daniels	P.O. Box 224	Jennings Fla 32056
President	JoAnne Collins	707 Chanbridge Dr.	Jasper Fla 32052

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: Joanne Collins JOANNE COLLINS 3/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/14/03 282

Collins quality Day Care
707 Chanticlair Dr.
Jasper Fla. 32052

I Joanne Collins am requesting
A Waiver for 2002 for Reinstatement Fee
For the Cooperation due to the fact
I had No Notice of Statum payment for
2002 No Note was mail to me.

Thank you

Joanne Collins