

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000047428**

1. Corporation Name

GREEN ACRES CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 15791
TALLAHASSEE FL 32317

POST OFFICE BOX 15791
TALLAHASSEE FL 32317

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

04/30/2002

5. FEI Number

Applied For

Not Applicable

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
D	HENDERSON, VERNICE N	3924 MAYFLOWER COURT	TALLAHASSEE FL 32303
D	GREEN, DWAYNE K	POST OFFICE BOX 15791	TALLAHASSEE FL 32317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, DWAYNE K
3924 MAYFLOWER COURT
TALLAHASSEE FL 32303

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

Dwayne K Green
REGISTERED AGENT MUST SIGN

Date

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
03 OCT 20 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700025235807

12/04/03 01034 021 **150.00

CR2E040 (7/03)

Oct 13, 2003

DWAYNE K GREEN
VERNICE HENDERSON
P.O.BOX 15791
TALLAHASSEE, FL 32317

TO WHOM IT MAY CONCERN:

We are requesting the reinstatement fee to be waived because we have not received prior notice. *for 2003*
Thank you for your cooperation. *year.*

Sincerely,

Dwayne K Green (owner)
Vernice Henderson (owner)

Dwayne K. Green
Vernice Henderson