

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02800055605

1. Corporation Name

All NIGHT SLEEP TIGHT Childcare Center, Inc

2. Principal Office Address

1941 Robert J. Conlan Blvd

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32905

Country

Brevard

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

400029593084

03/01/04--01044--004 **308.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5.15.2001

5. FEI Number

42-1583431

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

Melanie Marshall

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

2880 Pomello Road

Suite, Apt. #, Etc.

Malabar

City

Malabar

State

FL

Zip Code

32905

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

Melanie Marshall

REGISTERED AGENT MUST SIGN

Date 2.20.04

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
<u>President</u>	<u>Melanie Marshall</u>	<u>2880 Pomello Road Malabar</u>	<u>Florida 32905</u>
<u>Vice President</u>	<u>John E. Marshall</u>	<u>2880 Pomello Road, Malabar</u>	<u>Florida 32905</u>
<u>Treasure</u>	<u>Melanie Marshall</u>	<u>" " "</u>	<u>" "</u>
<u>Secretary</u>	<u>Melanie Marshall</u>	<u>" " "</u>	<u>" "</u>

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:

MELANIE Marshall, Melanie Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

2.20.04

Daytime Phone #

321

407-2620

CR2E081 (10/02)