

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV -7 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000111774**

1. Corporation Name

ANNIE'S PLAYHOUSE CORP.

Principal Place of Business

Mailing Address

~~XXXXXX~~
~~4100 SW 110 AVE~~
~~MIAMI, FL 33165~~

~~XXXXXX~~
~~4100 SW 110 AVE~~
~~MIAMI, FL 33165~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4100 SW 110 AVE

3. New Mailing Office Address, If Applicable
4100 SW 110 AVE

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

MIAMI, FL. 33165

City & State

MIAMI, FL. 33165

Zip

33165

Country

USA

Zip

33165

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, ANABELLA	XXXXXX 4100 SW 110 AVE	XXXXXX MIAMI, FL. 33165

100024511191
11/07/03--01064--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, ANABELLA

~~XXXXXX~~
4100 SW 110 AVE

4100 SW 110 AVE

~~XXXXXX~~
MIAMI, FL. 33165

MIAMI, FL. 33165

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]

REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/03

CR20040 (7/03)

ANNIE'S PLAYHOUSE
4100 SW 110 AVE
MIAMI, FL. 33165
786.357-7583

OCTOBER 28, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND MY APPLICATION FOR RE-INSTATEMENT ALONG
WITH A MONEY ORDER FOR \$150.00. PLEASE NOTE THAT I MOVED
AND DID NOT RECEIVE THE PRIOR UBR NOTICES.
ANY QUESTION PLEASE CALL ME AT THE ABOVE NUMBER.** THANK YOU.

SINCERELY,


ANNABELLA RODRIGUEZ
DIRECTOR