

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 OCT 13 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112728

1. Corporation Name

AM DAY CARE CORP.

Principal Place of Business

20020 NE 63 PLACE  
MIAMI FL 33015

Mailing Address

20020 NE 63 PLACE  
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 4000 NW 2nd Ave

City & State Miami, FL

Zip 33127 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. P.O. Box 172606

City & State Miami, FL

Zip 33017 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2002

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
Director	Adelaida Hofmann	20020 NW 63rd Pl	Miami, FL 33015

700023767167  
10/13/03--01100--012 \*\*158.75

8. Name and Address of Current Registered Agent

HOFMANN, ADELAIDA  
20020 NE 63 PLACE  
MIAMI FL 33015

9. Name and Address of New Registered Agent

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

Adelaida Hofmann  
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Adelaida Hofmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 305-785-7374

CR2E040 (7/03)

October 9, 2003

Florida Department Of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl 32399

Dear Mrs. Glenda Hood,

My name is Adelaida Hofmann; I'm the owner/director of AM Daycare. I received yesterday on the mail the dissolution of my corporation. I'm asking for you to please waive the reinstate fee since I have not received any other forms or reports. This is my first year as a business owner and even as of today we are still not operating due to city of Miami permits and licensing.

Please change my status to active as soon as possible since the closing with the bank for my business loan is schedule for October 23,2003. If there are any questions I can be reach at 305-785-7374

Thank you in advance for your help in this matter.

Best Regards,

  
Adelaida Hofmann  
AM Daycare Corp.