PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

~~REINSTATEMENT~~ 01-03UBR

Secretary of State
DIVISION OF CORPORATIONS

FILED
03-JAN 15 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300010380713
01/21/03--01028--016 **122.50

300010380713
01/21/03--01028--015 **150.00

01-03

DOCUMENT # P03000004954

1. Corporation Name
F.C.A. Preschool and Daycare, Incorporated

2. Principal Office Address	3. Mailing Office Address
8967 Lem Turner Rd.	8967 Lem Turner Rd.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State Jacksonville, FLA.	City & State Jacksonville, FLA.
Zip 32208 Country USA.	Zip 32208 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/00

5. FEI Number 59-3494686 ☐ 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: Sheryl Knight

Street Address (P.O. Box Number is Not Acceptable): 7307 Tenrose St.

300010380713
01/21/03--01028--017 **177.50

Suite, Apt. #, Etc.: N/A

City: Jacksonville | State: FL | Zip Code: 32208

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: Sheryl Knight — Date: 1-6-03
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
President-Director	Helen Telfair	4421 Linn Street	Jax, Florida 32206
Vice President-Director	Harold Telfair	5848 Christobel Ave.	Jax, Florida 32208
Secretary-Director	MARY White	1712 East 23rd St.	Jax, Florida 32206
Treasure-Director	Kathy Telfair	4421 Linn Street	Jax, Florida 32206

1/15/03

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: Helen Telfair — 1/6/03 (Date) — (904) 766-0100 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P82Q2

12/4/2001

Division of Incorporation
PO Box 6327
Tallahassee, Fla. 32314

Per Conversation on 12/5
To The Division of
Incorporation. Stated
To waive fees for 2001
~~Did Not Requir~~
Send $122.50 for the
renewal of F.C.A.
Pre-School & Day Care

Document Number
N00000000 8455

Letter Number
L500A00064116

Thank you,
Helen Telpin
8967 Lem Turner Rd.
Jacksonville, Fla. 32208