

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P03000019232

1. Corporation Name

CLARCONA ACADEMY  
CHILDCARE, INC

800065188828  
02/06/06--01005--011 \*\*175.00

800065188828  
02/06/06--01005--013 \*\*61.25

2. Principal Office Address

4300 CLARCONA OCOF  
ROAD

Suite, Apt. #, etc.

106

City & State

ORLANDO FL

Zip

32810

Country

ORANGE

3. Mailing Office Address

4300 CLARCONA OCOF ROAD

Suite, Apt. #, etc.

106

City & State

ORLANDO FL

Zip

32810

Country

ORANGE

REINSTATEMENT 05-06  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

900089283

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

BABU MARTHA K

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

5607 LA JOYA COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

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

*[Signature]*

Date 12/12/05

REGISTERED AGENT MUST SIGN

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
PD	BABU MARTHA K	5607 LA JOYA CT ORLANDO, FL 32808	Orlando FL 32808
VD	BARRINGTON FLORENE	6549 Redwood P.O. Box 545	Orlando FL 32818
SD	ANIAPAM JUSTINE A	1608 CHATHAM CIRCLE	APOPKA FL 32703

800065188828  
02/06/06--01005--014 \*\*8.25

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/06

Date

Daytime Phone #