

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000051560

1. Corporation Name

BUSY LITTLE ANGELS CHILD CARE CENTER, INC.

W09-21641

2. Principal Office Address - No P.O. Box #

7027 W. BROWARD BLVD

Suite, Apt. #, etc.

297

City & State

PLANTATION FLORIDA

Zip

33317

Country

US

3. Mailing Office Address

7027 W. BROWARD BLVD

Suite, Apt. #, etc.

297

City & State

PLANTATION FLORIDA

Zip

33317

Country

US

**7. Name and Address of Current Registered Agent**

Name

MOORE, THOMANIK

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

7027 W. BROWARD BLVD

Suite, Apt. #, Etc.

297

City

PLANTATION

State

FL

Zip Code

33317

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

*Thomanik Moore*

REGISTERED AGENT MUST SIGN

Date 01/29/2009

**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
P	MOORE, THOMANIK	7027 W. BROWARD BLVD STE 297	PLANTATION FL. 33317
VP	MILES HENRY	7027 W. BROWARD BLVD STE 297	PLANTATION FL. 33317

200157636007  
06/24/09--01037--004 \*\*308.75

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 contained in Chapter 119, 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

*Thomanik Moore* MOORE, THOMANIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2009

Date

786-859-4954

Daytime Phone #

FILED

09 JUN 24 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200155030012  
05/01/09--01021--021 \*\*150.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/2003

5. FEI Number

32-0079409

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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