

1032
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 10 AM 8:00

DOCUMENT # P03000086625

1. Corporation Name

GRANNY ANNIE DAYCARE INC

2. Principal Office Address

3. Mailing Office Address

100 SOUTH BUMBY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32803

USA

400040964224
09/10/04--01048--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/2003

5. FEI Number

02-0699807

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

VIDAL, ANNIE B

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

100 S BUMBY AVE

Suite, Apt. #, Etc.

A

City

ORLANDO

State Zip Code

FL 32803

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

Ann Bandavidal

Date

9/7/2004

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	VIDAL, ANNIE B	100 S. BUMBY AVE	ORLANDO, FL 32803
VD	VIDAL, CLETUS	100 S BUMBY AVE	ORLANDO, FL 32803

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:

Ann Bandavidal

VIDAL, ANNIE B / PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2004

Date

407 895-5933

Daytime Phone #

292

Robinson and Robinson Inc.

September 7, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

~~This letter is to inform you that Granny Annie Daycare, Inc., did not receive~~
any prior notices or information pertaining to the Annual Corporate Reports
for the year (2004). Due to these circumstances we are asking that you
abate the reinstatement fees. If there are any questions you can contact me at
(407) 895-5933. Document #P03000086625. Enclosed is \$150.00 for the
year of 2004.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson