

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -2 AM 11:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P040000/4060

1. Corporation Name

LAS ARDILLITAS CHILD CARE, INC.

11/06/06 01030 024 \$558.75

REINSTATEMENT 06-07

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

82 HORTON CIR.

3. Mailing Office Address

82 HORTON CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34232

Country

Zip

34232

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/04

5. FEI Number

34-1978551

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 JPL ACCOUNTING & TAX SERVICES.

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

3758 PRADO DR.

Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34235

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 03/27/07.

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
D	ADELINA I. VERA DE PEREIRA	82 HORTON CIR.	SARASOTA, FL 34232
D	GERARDO PEREIRA	82 HORTON CIR	SARASOTA, FL 34232.
D	GERALDINE C. PEREIRA	82 HORTON CIR.	SARASOTA, FL 34232.

10. I certify that I am an officer or director of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/07.

Date

(941) 378-2362.

Daytime Phone #