

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000103607

1. Corporation Name

Cradle to Crayons Childcare Center Inc.
1700 #17 Joe Louis St.
Tall. FL. 32305

2. Principal Office Address

Tall FL 32304
1700 #17 Joe Louis St.

Suite, Apt. #, etc.

#17

City & State

Tallahassee FL

Zip

32305

Country

Leam

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

REINSTATEMENT
CR2E081 (12/08)

05-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-13-04

5. FEI Number

01-0832651

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

Heisha L. Davis

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

8121 Chris Ln

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

12/20

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 12.20.06

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 |
|--------|--------------------------------------|---|--------------------|
| D | Heisha Davis | 8121 Chris Ln | Tall FL 32305 |
| S | Michael Davis | 8121 Chris Ln | Tall FL 32305 |
| | | | |
| | | | |
| | | | |
| | | | |

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.20.06

Daytime Phone #

12.20.06

D. did not receive
my mail was going through
a Separation was not
doing well. So I was
not getting mail. has
Since reconciled. Sorry
for inconvenience Thanks
for your help-



Kit

459.5989