

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000061480

1. Entity Name
CLOWN AROUND PRESCHOOL INC.



**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

09 JUL 13 AM 8:32

Principal Place of Business
**13301 MEMORIAL HWY
MIAMI, FL 33161**

Mailing Address
**13301 MEMORIAL HWY
MIAMI, FL 33161**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012009

REIN-P

CR2E098 (1/07)

4. FEI Number

20-4805793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, ABIGAIL
1510 NORTH 64 AVENUE
HOLLYWOOD, FL 33024**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RUIZ, ABIGAIL
1510 NORTH 64 AVENUE
HOLLYWOOD, FL 33024**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500158436965
07/13/09--01075--005**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
DAWKINS, KIMBERLY
12180 NE 5 AVENUE
MIAMI, FL 33161**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KIRKWOOD, ERICA
807 NW 91 TERRACE
PLANTATION, FL 33324**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/09

File

Daytime Phone #