

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000108205

1. Entity Name
SMART START CHILDCARE AND ACADEMY, INC.



Principal Place of Business
10662 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

Mailing Address
10662 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

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



REINSTATEMENT

4. FEI Number
02-0784519

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

GREEN, GERALD G. DR.
10662 S. FEDERAL HWY.
PORT ST. LUCIE, FL 34952

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 registration.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

10/9/08
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$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
PT President/Treasurer
GREEN, GERALD G.
2613 SW ACCO RD.
PT. ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200137432712
10/29/08--01034--007 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS Vice President/Secretary
GREEN, NOVLET L.
2613 SW ACCO RD.
PORT ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
TAVIAINE GREEN
2613 SW ACCO RD
PSL. FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Novlet Green NOVLET GREEN

10/9/08

(772)
335-8595

Date

Daytime Phone #

2011/13