

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 JAN -6 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002734761--5  
-01/08/99--01068--015  
\*\*\*1350.00 \*\*\*1350.00

REINSTATEMENT 95-99

DOCUMENT # P92000013465

1. Corporation Name

SUNNILAND NURSERY & PRESCHOOL INC.

Principal Place of Business

Mailing Address

1512 MILTON ST  
TALLAHASSEE, FL 32303

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12-22-1992

5. FEI Number

59-3164744

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/V	SHERLANE P. CRAIG	2918 WOODRICH DR.	TALLAHASSEE, FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHERLANE P. CRAIG  
2918 WOODRICH DR.  
TALLAHASSEE, FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Sherlane P. Craig*

REGISTERED AGENT MUST SIGN

Date 12/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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:

*Sherlane P. Craig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98

Date

(850) 224-7376

Daytime Phone #

CR2040 (1/98)