

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2006-2010



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037687

1. Corporation Name
Little Foxes Daycare, Inc.

W10-13092

2. Principal Office Address - No P.O. Box #
730 S.W. 5th St

3. Mailing Office Address
730 S.W. 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville,

Zip Country
32602 USA

Zip Country
32601 USA

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4. Date Incorporated or Qualified To Do Business in Florida
5/24/93

5. FEI Number
59-1893255

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lois S. Foxx

Street Address (P.O. Box Number is Not Acceptable)
730 S.W. 5th Street

Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32601

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
Lois S. Foxx

Date
3/20/2010

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
P	Lois S. Foxx	730 S.W. 5 th St	Gville, FL 32604
VP	TENNIE M. FOXX	730 S.W. 5 th St	Gville, FL 32606
Sec	QUEEN V. HICKS	8179 Galaxie Dr.	Jacksonville, FL 32244
Trea	Betty F. Nelson	1 Riverdale Lane	Palm Coast, FL 32164

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10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: TENNIE M. THOMAS Tennie M. Thomas 3/20/2010 352-372-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #