

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE 97-98 Sandra M. Morton AIR Secretary of State DIVISION OF CORPORATIONS		FILED 98 SEP -8 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA		①	
DOCUMENT # P 950000 44562							
1. Corporation Name Take Inc							
Principal Place of Business		Mailing Address					
822 SE 46th Lane Cape Coral, FL 33904							
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		4. Date Incorporated or Qualified To Do Business in Florida		6/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		65-0601182		Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)							
1	2	3		4			
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			
President	Christine Duhamel	1263 SW 35th St		Cape Coral, FL 33914			
				700002635597-7			
				09/09/98-01070-001			
				****315.00 ****315.00			
				9-8-98			
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Phillip Steinberg 3332 Del Prado Blvd. Cape Coral, FL 33904				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
				City		State	Zip Code
				FL			
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				Date			
REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(i), 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: Christine Duhamel				Christine Duhamel 6-22-98 (941) 549-3744			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

(2)

**Small World Children's Center
822 SE 46th Lane
Cape Coral, Fl. 33904
(941) 549 - 3744**

July 27, 1998

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern;

I'm writing to request that the reinstatement fee be waived. I submitted in writing a change of address well over a year ago. When I called your office it was verified that the change of address form was submitted. I never even received any notification of the corporation being dissolved. *I also never received any annual reports.*

The correct address is in your computers and it is also on this letterhead. I'm enclosing a check for \$315 as payment for the annual fee. I also wanted to add that I've been through a very messy divorce this past year so my mind was not 100% on business.

I appreciate your time and consideration in this matter. If you have any questions please do not hesitate to contact me.

Sincerely,

Chris Duhamel

Chris Duhamel, President
Small World Children's Center