

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066071

1 Corporation Name

LITTLE TIGERS DAY CARE, INC.

Principal Place of Business

16101 N.W. 57TH AVENUE  
MIAMI FL 33014

Mailing Address

16101 N.W. 57TH AVENUE  
MIAMI FL 33014



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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

08/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0612852 Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

50.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MAHMOODI, NORMA	6420 N.W. 199TH ST.	MIAMI FL 33015
STD	MAHMOODI, SAEED	6420 N.W. 199TH ST.	MIAMI FL 33015

300002046083--5  
-01/03/97--01182--021  
\*\*\*375.00 \*\*\*375.00

UB12-30-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAHMOODI, NORMA  
6420 N.W. 199TH ST.  
MIAMI FL 33015

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-16-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-96 (305) 620-6212  
Date Daytime Phone #

CR2ED40 (7/96)