

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 10 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000080738

1. Corporation Name

ANGELEE DAY CARE CENTER INC  
WFL - 48129

2. Principal Office Address - No P.O. Box #

815 ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Office Address

20101 NW 9th DR

Suite, Apt. #, etc.

City & State

DADE FLA

Country

City & State

Pembroke Pine Florida

Zip

33029

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/95

5. FEI Number

65-0654467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Angela G. Wilson

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

20101 NW 9th DRIVE

Suite, Apt. #, Etc.

City

Pembroke Pine

State

FL

Zip Code

33029

☒ 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

Angela G. Wilson

REGISTERED AGENT MUST SIGN

Date 10/20/07

**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	Angela G. Wilson	20101 NW 9th DR	Florida 33029 Pembroke Pine
	<u>M/10/11</u>		500110019015 08/27/07--01026--027 **\$600.00 500110019015 08/27/07--01026--028 **\$8.75

10. 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 contained in Chapter 119, 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:

Angela G. Wilson Angela G. Wilson 10/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-438-9555

Daytime Phone #