

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000080738**

1. Corporation Name

**ANGELEE DAY CARE CENTER, INC.**

Principal Place of Business

Mailing Address

815 ATLANTIC AVENUE  
 OPA-LOCKA FL 33147

815 ATLANTIC AVENUE  
 OPA-LOCKA FL 33147



REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0654467	
				Applied For	
				Not Applicable	
				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) *Angela G. Wilson 815 Atlantic Ave*

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	WILSON, ANGELA G	815 ATLANTIC AVENUE	OPA-LOCKA FL 33147

700023908247  
 10/17/03--01062--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, ANGELA G  
 815 ATLANTIC AVE  
 OPA LOCKA FL 33054

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. or 617.0505, F.S.

Signature of Registered Agent *Angela G. Wilson* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 10/13/03

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 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: *Angela G. Wilson* **SIGNATURE REQUIRED** *Angela G. Wilson* 10/13/03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

To Whom this May Concern.

I Angela G. Wilson send my Annual Report  
in Feb/Mar of 2003 I just receive  
this document on 10/13/03 that it was  
a problem. Please would you waive  
the late fee.

Thank you  
Angela G. Wilson