

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATE
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 SEP 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000001886

1. Corporation Name

Happy Hands Early Learning Center Inc

2. Principal Office Address Kathy Wellmaker 3. Mailing Office Address

329 Plantation Club Dr 2411 E Graves

Suite, Apt. #, etc.

Suite, Apt. #, etc.

329 Plantation Club Dr Unit 24

City & State

City & State

Debarry, Fla

Orange City, Fla

Zip

Country

Zip

Country

32713

Volusia

32763

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3352533

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

Kathy Wellmaker

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

329 Plantation Club Dr

Suite, Apt. #, Etc.

200003416442-4
-10/06/00--01009--01
***150.00 ***150.00

City

Debarry

State

FL

Zip Code

32763

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

Kathy Wellmaker
REGISTERED AGENT MUST SIGN

Date

Sept 26 2000

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
Pres	Kathy Wellmaker	329 Plantation Club Dr	Debarry, Fla
V. Pres	Angela Wellmaker	"	" 32713
T	Peter Wellmaker	"	"
S.	Steven Wellmaker	"	"

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 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:

Kathy Wellmaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept 26 2000 904 7748600

CR2E081 (9/99)

Sept 26 2000

I never got anything from the State
of Florida about my Corporation.

Kathy Welhahn