

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 PM 4:46

DOCUMENT # P96000018102

1. Corporation Name

MICHAEL'S PLAYSCHOOL INC.

Principal Place of Business

Mailing Address

1202 WISCONSIN AVE.  
ST. CLOUD FL 34769

1202 WISCONSIN AVE.  
ST. CLOUD FL 34769



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/1996

5. FEI Number

58-3071368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VALLE, FRANK E R.N.	2014 LIVE OAK BLVD.	ST. CLOUD FL 34771
D	VALLE, DONNA F R.N.	2014 LIVE OAK BLVD.	ST. CLOUD FL 34771

500023750865  
10/13/03--01063--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLE, FRANK E R.N.  
2014 LIVE OAK BLVD.  
ST. CLOUD FL 34771

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Frank E Valle*

Date 10-8-03

REGISTERED AGENT MUST SIGN

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:

*Frank E Valle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

Daytime Phone #

CR20040 (7/03)



**MICHAEL'S PLAYSCHOOL, INC.**  
**CHRISTIAN PRESCHOOL**  
1202 Wisconsin Ave ST. CLOUD FL 34769  
407-892-0995  
Certificate of License # 496-3

To: Florida Department of State  
From: Rev. Frank E. Valle, R.N.  
Sub: UBR Notice  
10-8-2003

To whom it may concern:

This letter is in response to this application. Enclose you will find our check # 3260 for \$150.00 the fee to file our annual report without penalty. I did not received the prior UBR notices. This is the first time we have encountered this type of situation. Please accept our sincere apologies for any miscommunication.

In His Service and Yours

*Rev. Frank E. Valle, R.N.*

Rev. Frank E. Valle, R.N.

*P.S.*

*Document # P96000018102*

*FEI 58-3071368*