

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
97AR  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN -9 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055432

1. Corporation Name

BABY'S BEST BEGINNINGS, INC.

Principal Place of Business

10511 SW 139TH AVE  
MIAMI FL 33186

Mailing Address

10511 SW 139TH AVE  
MIAMI FL 33186

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

06/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650688478

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
PRES.	AUDREY D. POMERANTZ	10511 SW 139 AVE	MIAMI FLA. 33186-3168
			8000002398568--4 -01/13/98--01078--005 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

MANDEL, STANLEY  
20341 OLD CUTLER ROAD  
SUITE A  
MIAMI FL 33189

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 1/6/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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:

Audrey D. Pomerantz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/97

Date

(305) 382-0703  
Daytime Phone #

CP22040 (8/97)

To Whom it concerns,

As per my conversation with Amy Allen on 12/12. I am writing a letter as to why I haven't been able to file the proper papers in a timely manner to keep "active status" for my corporation in a timely manner.

On March 17, 1997, I was involved in a very serious auto accident. I spent approximately 1 month in Jackson Memorial Hospital in the Trauma ICU unit & in Rehab. During that time I underwent 2 major surgeries to stabilize my right femur fractures.

I have been debilitated, nonweight bearing, in a wheelchair and under much stress in attempting to heal. Since the accident I have needed to undergo a total of 4 operations the last one on 11/12/97 with multiple complications occurring during & after the surgery. Healing has been very slow at best.

I hope this gives you an adequate idea of why my papers & fee weren't sent in on time. I've also included copies of the M.D. letters requesting medical leave & absence throughout this year. If you have any questions or need further documentation please call me @ (305) 387-3828. Thank you for your understanding in this matter.

Sincerely,

Audrey D. Pomeroy  
Baby's Best Beginnings.