

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 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080910

1. Corporation Name

MOMS DAYCARE INC.

Principal Place of Business

415 E. MLK BLVD.  
415 EAST MLK BLVD. P.O. BOX 7065  
TAMPA FL 33607  
US 33607

Mailing Address

415 E. MLK BLVD. P.O. BOX 7065  
TAMPA FL 33607  
US 33673



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/1996

5. FEI Number

59-3406033

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	WASHINGTON, ETHEL	4307 W. MAIN STREET	TAMPA FL 33607

400023969154  
10/21/03--01058--024 \*\*150.00

8. Name and Address of Current Registered Agent

WASHINGTON, ETHEL  
4307 W. MAIN STREET  
TAMPA FL 33607

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Ethel Washington*  
REGISTERED AGENT MUST SIGN

Date

Oct 13, 2003

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:

*Ethel Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 13 2003

Daytime Phone #

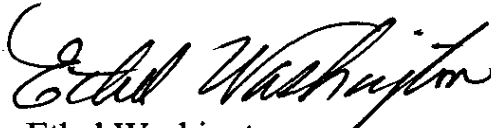
CR2E040 (7/03)

Florida Department of State  
Glenda E. Hood  
Secretary of State

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Moms Daycare, Inc. Have not received prior UBR notices. We are submitting all the necessary forms along with this letter. If you have any questions or concerns please feel free to contact me.

Thank you,

  
Ethel Washington