

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN 12 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 096000085823

1. Corporation Name **EXCELSIOR NURSERY & DAY CARE CENTER, INC**

Principal Place of Business Mailing Address
**195 NW 156 ST
MIAMI FL 33169-6728**

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. **N/A**
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. **N/A**
City & State
Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **10/96**

5. FEI Number **65-0742745** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

100002402181--7
-01/15/98--01103--012
*****700.00 *****700.00

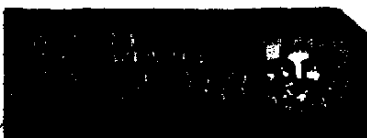
100002402181--7
-01/15/98--01103--013
*****59.00 *****59.00

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
Exec Ngr, BOB	Ms. Esmie Bonitto	192 NE 124th	North Miami, FL 33161-653
Exec Ngr, BOB	YVONNE King	18411 NW 24 Ave	Miami, FL 33056-3242
Exec Ngr, BOB	ROSE PRICE	7817 Meridian St.	Miramar, FL 33023-460
Adm. Serv. Ngr, BOB	S Wyckene Williams	2417 NW 43rd St.	Miami, FL 33142-4547

REINSTATEMENT **at 1/9/98**

8. Name and Address of Current Registered Agent



9. Name and Address of New Registered Agent

Name
Street Address (P.O.)
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 **[Signature]** REGISTERED AGENT MUST SIGN

Date **1/9/98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **[Signature]** YVONNE King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98 (305) 949-9235
Date Daytime Phone #

CR2E040 (12/96)