

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 12:51

DOCUMENT # P96000090438

1. Corporation Name

SUNNYSIDE CHILD CARE CENTER, INC.

Principal Place of Business

Mailing Address

923 26TH STREET WEST
BRADENTON FL 34205

923 26TH STREET WEST
BRADENTON FL 34205



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

11/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0714679

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	4 City / State / Zip
D	NEWBERRY, INGE	923 26TH STREET WEST	BRADENTON FL 34205
D	DABEK, INGRID	923 26TH STREET WEST	BRADENTON FL 34205
			6000003463626--0 -11/15/00--01012--021 *****75.00 *****75.00
			6000003463626--0 -11/15/00--01012--022 *****75.00 *****75.00

8. Name and Address of Current Registered Agent

DABEK, INGRID
923 26TH STREET WEST
BRADENTON FL 34205

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 24, 2000 (941) 751-1985 RES

Date

Daytime Phone #

(941) 746-2573 BUS

CR2E040 (8/00)

2

October 24, 2000

To: Florida Dept. of State

Enclosed is the completed reinstatement form for the Florida Annual Report. Unfortunately, we did not receive your prior notices and apologize for this delay of payment.

A one-time waiver is requested. Enclosed are two checks totalling \$150.00.

Your understanding is appreciated.

Sincerely,



Ingrid Dabek
Sunnyside Child Care Center
923 26th St. W.
Bradenton, Fl. 34205