

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082544

1. Corporation Name

THE MIRACLE CHILDCARE, INC.

2. Principal Office Address

14201 Polk Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

Dade

3. Mailing Office Address

14201 Polk Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650777636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shirley Hull James

Street Address (P.O. Box Number is Not Acceptable)

14201 Polk Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Shirley H. James
REGISTERED AGENT MUST SIGN

Date *July 21, 2003*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	Shirley Hull James	14201 Polk Street	Miami, Florida 33176
VCD	Conester Johnson	15572 SW 148th Terrace	Miami, Florida 33157
SD	Barbara Nickerson	14201 Polk Street	Miami, Florida 33176
TD	Gwendolyn Coverson	19320 NW 8th Street	Pembroke Pines, FL.3302

10. 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:

Shirley H. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2003
Date

305-926-1019
Daytime Phone #

7/24

The Miracle Childcare, Inc.
14201 Polk Street
Miami, Florida 33176
305-238-0465

July 21, 2003

Dear Sir,

I am requesting the reinstatement of the Miracle Childcare, Inc. and a waiver of the late fees. We did not receive an Annual Report or any information for the year 1998. Thanks for your consideration in this matter.

You're truly,

A handwritten signature in cursive script that reads "Barbara L. Nickerson". The signature is written in dark ink and is positioned above the printed name and title.

Barbara L. Nickerson
Secretary