


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 NOV 13 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007422**

1. Corporation Name

Comprehensive Day Care Inc

2. Principal Office Address

18311 NW 30th Ave

3. Mailing Office Address

18311 NW 30th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33056

Country

USA

Zip

33056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-1998

5. FEI Number

65-1061081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

OSAFER Legair PA

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

1601 N. Palm Avenue

800004732988-5

Suite, Apt. #, Etc.

Suite 301-A-B

-12/19/01-01051-006

******908.75 ****908.75**

City

Pembroke Pines

State
FL

Zip Code

33026

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

OSAFER Legair

OSAFER Legair
REGISTERED AGENT MUST SIGN

Date

11/09/01

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
P	Marcia Thomas	18311 NW 30th Avenue	Miami FL 33056

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:

Marcia Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/09/01

Daytime Phone #