

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056021

1. Corporation Name

TODAY'S FAMILY CHILDCARE INC.

Principal Place of Business

1575 SW FRESNO ROAD
PORT ST LUCIE FL 34953

Mailing Address

1575 SW FRESNO ROAD
PORT ST LUCIE FL 34953

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

06/22/1998

5. FEI Number

65-0892294

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
PD	ANDERSON, BRENDA	1575 SW FRESNO ROAD	PORT ST LUCIE FL 34953

8. Name and Address of Current Registered Agent

ANDERSON, BRENDA D
1575 SW FRESNO ROAD
PORT ST LUCIE FL 34953

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

CR2ED40 (8/02)

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

Brenda Anderson SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

Brenda Anderson SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

Date

772-
336-0031

Daytime Phone #

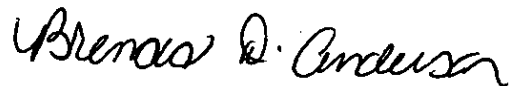
October 29, 2002

Today's Family Childcare, Inc.
1575 SW Fresno Road
Port St. Lucie, FL 34953

Dear Sirs:

Please be advised that a failure to receive the UBR forms has occurred. Enclosed find a completed application for reinstatement along with filing fee of \$150. Thank you for attending to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Brenda D. Anderson".

Brenda D. Anderson
Director