

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:46

DOCUMENT # **098000090938**

1. Corporation Name

**Child Care Management
Group, Inc**

2. Principal Office Address

P.O. Box 3216

Suite, Apt. #, etc. **2**

City & State

Brandon, FL

Zip

33509

Country

USA Hillsborough

3. Mailing Office Address

P.O. Box 3216

Suite, Apt. #, etc. **2**

City & State

Brandon, FL

Zip

33509

Country

USA

REINSTATEMENT 99-0V

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

10/23/98

5. FEI Number

59-3538561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Onofre Cintron, Esq.

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

1104 N. Parsons Ave

Suite, Apt. #, Etc.

Suite C

City

Brandon

State

FL

Zip Code

33510

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/16/00

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
D	Dom Santa Cruz	1501 Crest Court	Valrico, FL 33594
			300003283273--2
			-06/03/00--01092--003
			****900.00 ****900.00
		<i>[Signature]</i>	

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:

Dom Santa Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/00 (813) 681-0622

Daytime Phone #

CR2001 (9/99)