

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 12 PM 1:52

DOCUMENT # P98000099892

1. Corporation Name

CHIMP'S DAY CARE, INC.

Principal Place of Business

1600 N. ATLANTIC AVE  
COCOA BEACH FL 32931

Mailing Address

1600 N. ATLANTIC AVE  
COCOA BEACH FL 32931

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

12/01/1998

5. FEI Number

59-3561962

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
D	REINA, LEONARD P	SUITE 502, 500 FIFTH AVENUE SOUT	NAPLES FL 34102
PT	SWANSON, MARLIN	SUITE 502, 500 FIFTH AVENUE SOUT	NAPLES FL 34102
VS	SHENKMAN, BRITT	SUITE 502, 500 FIFTH AVENUE SOUT	NAPLES FL 34102
			0000004649730--1 -10/23/01--01042--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

REINA, LEONARD P  
500 FIFTH AVENUE SOUTH Q  
SUITE 502  
NAPLES FL 34102

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-11-01

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

MARLIN D. SWANSON

10-11-01

Date

Daytime Phone #

CR2E040 (8/01)