

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 DEC -1 PM 5:18

DOCUMENT # P98000104143

1. Corporation Name

**DR. BAUZO'S CHILD CARE CENTER - BETTER
BEGINNINGS, INC.**

2. Principal Office Address

1000 N. Krome Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Zip

33030

Country

USA

Zip

Country

REINSTATEMENT

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

12-15-98

5. FEI Number

65-0885687

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

Myron M. Samole, Esq.

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

9700 S. Dixie Highway

Suite, Apt. #, Etc.

1030

City

Miami, FL

State
FL

Zip Code
33156

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

Myron M. Samole
REGISTERED AGENT MUST SIGN

Date

11/30/00

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
P/D	Luis A. Bauzo, M.D.	18825 SW 95th St.	Miami, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/00

Date

305-670-5070

Daytime Phone #

CR2E081 (9/99)