

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000014828

1. Corporation Name

LITTLE SHEPHERD'S CHILD CARE CENTER, INC.

Principal Place of Business

**289 SEMINOLE AVENUE
LAKE MARY FL 32746**

Mailing Address

**289 SEMINOLE AVENUE
LAKE MARY FL 32746**

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

02/15/1999

5. FEI Number

59-3572474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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



800008617268

10/28/02--01063--029 **150.00

2002-10-28 BR

FILED

02 OCT 28 AM 11:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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
P	ROLLE, TRACY	289 SEMINOLE AVENUE	LAKE MARY FL 32746
V	BROWN, MICHELLE	289 SEMINOLE AVENUE	LAKE MARY FL 32746
T	MCMILLAN, KELLY	289 SEMINOLE AVENUE	LAKE MARY FL 32746
S	BARRINGTON, MELANIE	289 SEMINOLE AVENUE	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

**BROWN, MICHELLE
289 SEMINOLE AVENUE
LAKE MARY FL 32746**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

CR2040 (802)



Little
Shepherds
"Where Every Child Is Special!"

20f2

October 21, 2002

To Whom It May Concern:

We have received a packet of revocation from your office stating that our corporation has been placed under administrative dissolution.

As of this date we have not received prior UBR notices from your office.

We ask that you will accept our enclosed check and reinstate our corporation.

Thank you,

Michelle Brown
Director