

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 4:30

DOCUMENT # P99000036175

1. Corporation Name

ME AND MINE CHILD CARE ACADEMY, INC.

Principal Place of Business

Mailing Address

1704 SANFORD AVENUE
SANFORD FL 32771

1704 SANFORD AVENUE
SANFORD FL 32771

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3577892

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SUMPTER HALL, ELIZABETH	1704 SANFORD AVENUE	SANFORD FL 32771

5000003491385--0

-12/08/00--01024--003

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELIZABETH SUMPTER HALL
1704 SANFORD AVENUE
SANFORD FL 32771

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

ELIZABETH SUMPTER HALL
REGISTERED AGENT MUST SIGN

Date 10 20 00

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:

ELIZABETH SUMPTER HALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 20 00

Date

(407) 324-2380
Daytime Phone #

P99-202
36175

October 20, 2000

Me and Mine Child Care Academy, Inc.
1704 S. Sanford Avenue
Sanford, FL 32771

To whom it may concern:

I recently received in the mail a notice of administrative dissolution or revocation. I was not aware that there was a law to file an annual/report uniform business report yearly. I called your office and talked to a representative and was made aware of the reason I received this mailing. I let your representative know that this is the first time I have received notice of a failure to comply with the law. As this is my first notice that I have received, I ask that I may be granted a one time waiver. As a course of action, from this point on I know the law and will comply with the law. I am enclosing my application for reinstatement.

If you have any questions I can be reached at (407) 324-2380. Thank you in advance for your consideration of this matter.

Sincerely,



Elizabeth Hall, Owner/Director
Me and Mine Child Care Academy, Inc.