


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2008 AUG 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000134434030
08/13/08--01026--010 **1050.00

8-19 JD

REINSTATEMENT 06-08

DOCUMENT # P99000043486
1. Corporation Name
ORIENT ROAD CHILD DEVELOPMENT CENTER

2. Principal Office Address - No P.O. Box # 5708 Orient Road		3. Mailing Office Address 1413 John Moore Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brandon, FL		City & State Brandon, FL	
Zip 33511	Country U.S.A.	Zip 33511	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 5/13/99	
5. FEI Number 593575731	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Jaffice L. Donaldson		
Street Address (P.O. Box Number is Not Acceptable) 1413 John Moore Road		
Suite, Apt. #, Etc.		
City Brandon	State FL	Zip Code 33511

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Jaffice L. Donaldson* Date **08-11-08**

REGISTERED AGENT MUST SIGN

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
VTD	Jaffice L. Donaldson	1413 John Moore Road	Brandon, FL 33511
PSD	Danice M. Donaldson	1413 John Moore Road	Brandon, FL 33511

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 contained in Chapter 119, 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: *Jaffice L. Donaldson* **Jaffice L. Donaldson** (813) 653-4697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-11-08 Daytime Phone #

(813) 653-4697