

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Bjahn

00 OCT 27 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000044972**

1. Corporation Name

MCMAHON FAMILY CHILD CARE, INC.

Principal Place of Business

360 22nd NW
~~2180 52ND TERRACE, S.W.~~
NAPLES FL 34116 *34120*

Mailing Address

360 22nd NW
~~2180 52ND TERRACE, S.W.~~
NAPLES FL 34116 *34120*



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

2. New Principal Office Address, If Applicable

360 22nd NW

Suite, Apt. #, etc.

City & State

Zip *34120*

Country

3. New Mailing Office Address, If Applicable

360 22nd NW

Suite, Apt. #, etc.

City & State

Zip *34120*

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/14/1999

5. FEI Number

65-0921982

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCMAHON, SARI	2180 52ND TERRACE, S.W. <i>360 22nd NW AVE NW</i>	NAPLES FL 34116 <i>34120</i>
			400003463564--5 -11/15/00--01009--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MCMAHON, SARI
2180 52ND TERRACE, S.W.
NAPLES FL 34116

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

Sari McMahon
REGISTERED AGENT MUST SIGN

Date *10-16-2000*

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

Sari Bryan McMahon

Date

Daytime Phone #

(941) 353-0110

CR2E040 (8/00)

To Whom it May Concern:

Wright

I recently recieved this notice that my coporation had been dissolved due to not filing a report. I do not recall receiving any prior notice and was not aware of any need to file one. (I know now, though)

I spoke with a Michelle who told me to write this letter and send with a check for \$150.00 and it would be considered for waiving reinstatement fee. I hope you will do this and I understand this is a one time consideration.

I also understand it is up to me to contact you if I fail to receive something in Jan about paying this \$150.00 fee.

Please understand that this is a small, in home day care with me as the only worker, with not much business experience. I appologise for not knowing about this.

Thank You

Barbara M. Wright