

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

DOCUMENT # P99000085084

1. Corporation Name

LITTLE HANDS EARLY LEARNING CENTER, INC.

Principal Place of Business

6408 W. COLONIAL DR.
ORLANDO FL 32818

Mailing Address

6408 W. COLONIAL DR.
ORLANDO FL 32818

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

09/23/1999

5. FEI Number

59-3599345

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | ANAYA, JEANETTE | 6408 W. COLONIAL DR. | ORLANDO FL 32818 |
| | | | |
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8. Name and Address of Current Registered Agent

ANAYA, JEANETTE
6408 W. COLONIAL DR.
ORLANDO FL 32818

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

Daytime Phone #

10/21/02

CR2E040 (9/02)

Little Hands Early Learning Ctr, Inc.

6408 W. Colonial
Orlando Florida 32818
Our Children - Our Future

October 22, 2002

To Whom It May Concern:

Please be advised that I never received the form that I was suppose to send to file. Unfortunately, it must have crossed into someone else's mail because there have been numerous errors in mail delivery to my location within the past 6 months. Attached you will find the reinstatement form with a check for \$150.00 as per a representative I spoke to yesterday afternoon 10/21/2002.

Thanks for the consideration.

Jeannette Anaya



President, Little Hands Early Learning Center, Inc.