

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE TWO*

CORPORATION



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

FILED

01 DEC 31 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000088730*

1. Corporation Name

Ms. B's Angels Child Care, Inc.

2. Principal Office Address

2514 West Colonial Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

3. Mailing Office Address

2514 West Colonial Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/99

5. FEI Number

59-3629481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bernadette Pharel

Street Address (P.O. Box Number is Not Acceptable)

2514 West Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Bernadette Pharel

REGISTERED AGENT MUST SIGN

Date *12-20-01*

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
<i>Pres</i>	<i>Bernadette Pharel</i>	<i>7318 Ednitas Way</i>	<i>Orlando, FL 32818</i>
<i>V.P.</i>	<i>Mario Pharel</i>	<i>7318 Ednitas Way</i>	<i>Orlando, FL 32818</i>

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 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

Bernadette Pharel - Bernadette Pharel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-01 (407) 540-1800

Daytime Phone #

CR2E081 (9/00)

MS B'S ANGELS CHILD CARE, INC.

2514 West Colonial Drive

Orlando, Florida 32804

Phone (407) 540-1800

Fax (407) 540-1801

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December 26, 2001

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Corporation Reinstatement

Dear Sir or Madam:

I am Ms. Bernadette Pharel, President of Ms. B's Angels, Child Care, Inc. I am writing to you to request a corporation reinstatement. Please be informed Ms. B's Angels Child Care, Inc. did not file the 2000 Uniform Annual Report (UBR) on time because we did not receive the UBR.

Ms. B's Angels Child Care, Inc. previous address was 6700 Silver Star Road, Orlando, Florida, 32818. We have moved to a new location at 2514 West Colonial Drive, Orlando, Florida, 32804.

Ms. B's Angels Child Care, Inc. is asking for your consideration in waiving the penalty for not filing the UBR on time.

I would like to reinstate Ms. B's Angels Child Care, Inc. Enclosed please find a check in the amount of \$150.00; payable to the Department of State.

Thank you for your consideration.

Respectfully,

Bernadette Pharel

Bernadette Pharel
President