

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:13

DOCUMENT # P99000100606

1. Corporation Name

LITTLE ANNIE'S CHILD CARE CENTER INC.

Principal Place of Business

5165 ALHAMBRA DRIVE
ORLANDO FL 32818

Mailing Address

5165 ALHAMBRA DRIVE
ORLANDO FL 32818



REINSTATEMENT

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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 11/15/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 29-3607782	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	GARMON, EMMA J	1631 STANBURY DRIVE	ORLANDO FL 32818

600003533656-3
-01/11/01--01101--021
****750.00 ****750.00

12/14/01

8. Name and Address of Current Registered Agent

GARMON, EMMA J
1631 STANBURY DRIVE
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.

Signature of Registered Agent *Emma J. Garmon*
REGISTERED AGENT MUST SIGN

Date 12/29/00

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: *Emma J. Garmon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMA GARMON

10/31/02 407-291-6074
Date Daytime Phone #

CR2E040 (8/00)