


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000102527

1. Corporation Name

LIL' BEARS PLAYHOUSE PRESCHOOL INC.

Principal Place of Business

Mailing Address

1918 OKEECHOBEE ROAD
FT PIERCE FL 34954

~~P.O. BOX 891~~
~~FT PIERCE FL 34954~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
34950

Country

USA

Zip

34954-0891

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1999

5. FEI Number

Applied For

605-0960821

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Joyce Beckford	1918 Okeechobee Rd.	FT. Pierce FL 34950

7000003441627-4

-10/27/00--01015--023

****150.00 ****150.00

JB 10/24

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECKFORD, JOYCE
1918 OKEECHOBEE ROAD
FT PIERCE FL 34954

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

REGISTERED AGENT MUST SIGN

Date

10/13/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/00 561-468-6051

Daytime Phone #

CR2E040 (800)

LIL' BEARS PLAYHOUSE PRESCHOOL INC.

1918 OKEECHOBEE ROAD
P. O. BOX 891
FORT PIERCE, FLORIDA 34954

Phone 561-468-6516
Fax 561-468-8753

October 13, 2000

Florida Department of State

Re: Division of Corporations,

~~Do to an improper mailing address that the Department has on file we did not receive our Uniform Business Report~~
this year. We call your office and per the representative he told me to sent this letter in stating that on our form we
have correct our address and our check to your office we are sorry about sending it late but again we did not know.

Sincerely,

Joyce Beckford
Present /Director