

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103489

1. Corporation Name

Pride and Joy Child Development Center, Inc

2. Principal Office Address

405 So Shelfer St Quincy, FL

Suite, Apt. #, etc.

City & State

Quincy, FL 32351

Zip

32351

Country

USA

3. Mailing Office Address

405 So Shelfer St Quincy FL

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

USA

000068384310
02/22/06--01026--025 **450.00
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3610487

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

Charlie H Harris, JR.

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

405 So Shelfer St

Suite, Apt. #, Etc.

City

Quincy, FL

State

FL

Zip Code

32351

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

Charlie H Harris, JR.

REGISTERED AGENT MUST SIGN

Date

2/15/06

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
DST	Sheila Henry	150 Henry Dr	Quincy FL 32351
DP	Charlie H Harris JR	405 So Shelfer St	Quincy FL 32351
		B	2/15/06

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 contained in Chapter 119, 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

2/15/06

Date

Daytime Phone #

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I Charlie Harris JR Did not received the
white card or reminder for the years of ~~2004~~
or 2005,

Charlie Harris
Thank