

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

2000UBR

DOCUMENT # S94071

1. Corporation Name

CREATIVE KIDS FACILITY, INC.

Principal Place of Business

Mailing Address

5301 SOUTHEAST 110TH STREET
BELLEVIEW FL 34420

5301 SOUTHEAST 110TH STREET
BELLEVIEW FL 34420

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1991

5. FEI Number

59-3092156

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCHWEITZ, FREDERICK O	400 S.W. 48TH STREET RD	OCALA FL 34474
			700003496597--3
			-12/12/00--01030--002
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWEITZ, FREDERICK O 2841 S.W. 20TH STREET OCALA FL 34474	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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

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:

FREDERICK O. SCHWEITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDERICK O. SCHWEITZ

Date

(352) 237-6149
Daytime Phone #

KE

CR2ED40 (9/00)

CREATIVE KIDS FACILITY, INC.

2082
5301 SE 110th Street
Belleview, FL 34420

Phone (352) 347-3055

November 24, 2000

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Creative Kids Facility, Inc./2000 Annual Corporate Report

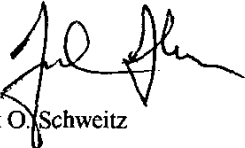
Dear Sir/Madame:

Enclosed with this letter is the Application for Reinstatement for the above referenced corporation, together with a check in the amount of \$150.00. As was explained to your office earlier this week, the enclosed is the first notice from the Secretary of State that was received. A similar problem was also experienced with two other corporations. In an effort to avoid any future occurrences of "lost" or "missing" mail, the mailing address for this corporation has been changed.

The Department is requested to review this situation and waive any penalties that have been assessed as the late filing of Annual Report was not the fault of this corporation. Your consideration of this matter is appreciated.

Sincerely,

CREATIVE KIDS FACILITY, INC.


Frederick O. Schweitz
President

FOS/bk

Enclosures