

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 2:39

DOCUMENT #

V08270

1. Corporation Name

Little Angels Child Care, Inc.

2. Principal Office Address

1340 Classic Dr.

Suite, Apt. #, etc.

City & State

Longwood FL.

Zip 32779

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 916016

Suite, Apt. #, etc.

City & State

Longwood FL.

Zip

32791-6016

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 22, 1992

5. FEI Number

59-3102059

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

JUNE C. YOO

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

1340 Classic Dr.

Suite, Apt. #, Etc.

City

Longwood,

State

FL

Zip Code

32779

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

June Chulbi Yoo
REGISTERED AGENT MUST SIGN

Date 5-18-2000

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
P/S/D	JUNE C. YOO	1340 Classic Dr.	Longwood, FL, 32779
V/T/D	STANLEY S. YOO	1340 Classic Dr.	Longwood, FL, 32779
			12/6/5

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:

June Chulbi Yoo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2000

Date

(407) 325-3121 (Mobile)
(407) 299-5950
(407) 763-6699 (Pager)