

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W06-10087

FILED

06 APR 20 AM 10:30

DOCUMENT # **W63 937**

1. Corporation Name, **HAPPY TIME CHILD
CARE INC.**

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

400074015534
05/04/06--01024--029 **750.00

REINSTATEMENT 04-06

2. Principal Office Address **200
S.W. 1ST AVE.**

3. Mailing Office Address **200
S.W. 1ST AVE.**

CR2E081 (12/05)

Suite, Apt. #, etc. **-**

Suite, Apt. #, etc. **-**

4. Date Incorporated or Qualified
To Do Business in Florida **9-11-92**

City & State

City & State

5. FEI Number **65-0373015** Applied For
Not Applicable

DELRAY BCH, FL.

DELRAY BCH, FL.

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

33444 U.S.

33444 U.S.

7. Name and Address of Current Registered Agent

Name **CHANEY, WILBUR V. MR.**

Street Address (P.O. Box Number is Not Acceptable)
75 S.W. 15TH AVE.

Suite, Apt. #, Etc. **-**

400074015534
05/04/06--01024--027 **150.00

City **DELRAY BCH.**

State Zip Code
FL 33444

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **FEB 16TH '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
P	OWENS, MAMIE	148 S.W. 9TH AVE. DELRAY BCH, FL 334	DELRAY BCH, FL 33444
V	OWENS, NATHANIEL	148 S.W. 9TH AVE	DELRAY BCH, FL 33444
ST.	OWENS, PHILIP	2208 CHANCEY LN.	COLLEGE PARK, GA 30349
D	OWENS, DONNIE	2638 N.E. 3RD	BOWLINGTON BCH, FL 33435

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 16TH '06 (561) 243-3780
Date Daytime Phone #