

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **W63 937**

1. Corporation Name,

**HAPPY TIME CHILD
CARE INC.**

400074015534

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

REINSTATEMENT 04-06

2. Principal Office Address **200**

S.W. 1ST AVE.

Suite, Apt. #, etc.

City & State

DELRAY BCH. FL.

Zip

33444

Country

U.S.

3. Mailing Office Address **200**

S.W. 1ST AVE.

Suite, Apt. #, etc.

City & State

DELRAY BCH. FL.

Zip

33444

Country

U.S.

CR2E081 (12/05)

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

5. FEI Number

65-0373015

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

CHANEY, WILBUR V. MR.

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

75 S.W. 15TH AVE.

Suite, Apt. #, Etc.

City

DELRAY BCH.

State

FL

Zip Code

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 16 '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	BOWTOWN 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 16 '06 (561) 243-3780

Date

Daytime Phone #