

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 1:17

DOCUMENT # Z00116

1. Limited Liability Company's Name

Florida Child Care Properties I, L.C.

10/17/97
10/17/97

2. Principal Office Address

751 Park Of Commerce Drive

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33487

Country

USA

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/29/94

6. FEI Number

650137596

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Neil Baritz, Esq. c/o Dreier Baritz & Colman

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

150 East Palmetto Park Road

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton, Florida 33432

State
FL

Zip Code
33432

700003796907-1

-03/05/01-01014-002

*****355.00 *****355.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Neil Baritz

REGISTERED AGENT MUST SIGN

Date 2/9/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgm	Michael Weissman	751 Park Of Commerce Drive Suite 108	Boca Raton, Florida 33487
Mgm	Richard Weissman	751 Park Of Commerce Drive Suite 108	Boca Raton, Florida 33487

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael Weissman

Date 2/22/01

Daytime Phone # 995-4877

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)