

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 200136

1. Corporation Name

FLORIDA CHILDCARE PROPERTIES III, L.C.

Principal Place of Business

Mailing Address

4517 N.W. 31ST AVENUE
FORT LAUDERDALE, FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

621 NW 53rd STREET

Suite, Apt. #, etc.

#450

City & State

BOCA RATON, FL 33487

Zip
33487

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-1989

5. FEI Number

65-0161889

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
M	RICHARD S. WEISSMAN	621 N.W. 53rd Street #450 Boca Raton, FL 33309	
	MICHAEL WEISSMAN (DELETE)		
	IRVIN FOREST (DELETE)		
	JERRY GINIGER (DELETE)		
	LILA PAGAMO (DELETE)		

8. Name and Address of Current Registered Agent

DAVID L. CHIRAS
4517 N.W. 31ST AVENUE
FORT LAUDERDALE, FL 33309

9. Name and Address of New Registered Agent

Name

RICHARD S. WEISSMAN

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

621 N.W. 53RD STREET, SUITE 450

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

10/7/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Weissman

Date

10/7/98

Daytime Phone #

(561) 994-6226

FILED

98 NOV -4 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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