


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -7 PM 1:53

700037791247
06/09/04--01019--010 ***428.75
01-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19176
1. Corporation Name
Oakcrest Early Education Center, Inc

2. Principal Office Address
1606 NE 22 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
1606 NE 22 Ave
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala FL

Zip
34470

Country
USA

Zip
34470

Country
Marion

4. Date Incorporated or Qualified To Do Business in Florida 2/1/86

5. FEI Number
59-2720718

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED Additional Fee: \$37.00

7. Name and Address of Current Registered Agent

Name
Jo Ann Jones

Street Address (P.O. Box Number is Not Acceptable)
7620 NE Jacksonville Rd


Suite, Apt. #, Etc.

City
Ocala

State
FL

Zip Code
34479

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.

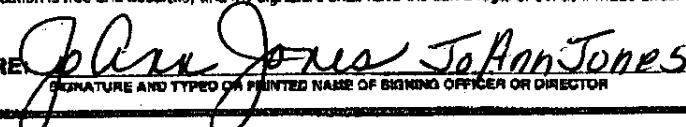
Signature of Registered Agent  Date 5/7/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Jo Ann Jones	7620 NE Jax Rd	Ocala, FL 34479
V Pres	Milton F Jones	7620 NE Jax Rd	Ocala FL 34479
Sec/Treas	Yvette Mullins	1275 WE 71 Lane	Ocala FL 34479

10. I certify that I am an officer or director of 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  5/7/04 352-622-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREATED (05/04)