PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -6 AM 8:15

DOCUMENT # 700065

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-12/19/01--01051--008

1. Corporation Name

WELBOURNE AVENUE NURSERY AND KINDERGARTEN, INC.

Principal Place of Business	Mailing Address
450 W WELBOURNE AVE WINTER PARK FL 32789	450 W WELBOURNE AVE WINTER PARK FL 32789

REINSTATEMENT B 01

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/1959

5. FEI Number: 59-0704742 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WRIGHT, EDWIN C	1549 NORTHRIDGE LAKE CIR	LONGWOOD FL
VP	DANIELS, MARY	650 CANTON AVE	WINTER PARK FL 32789
S	WALKER, CAROLYN	1200 CORETTA WAY	ORLANDO FL
D	FAYSON, ROBERTA	651 COMSTOCK AVE.	WINTER PARK FL
D	BROWN, LEROY J	450 W. CANTON AVE.	WINTER PARK FL
T	BOYER, CLEM J	180 ROSEWIND TR	MAITLAND FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WRIGHT, EDWIN 1549 N. RIDGE LAKE CIRCLE LONGWOOD FL 32750	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Edwin C. Wright President 10/15/01 Date: 10/15/01
REGISTERED AGENT MUST SIGN

11. 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: Leroy Brown Jr. 10-15-01 4076445885
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #