# APPLICATION FOR REINSTATEMENT

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

FILED
00 DEC 12 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27181**

1. Corporation Name

**LIGHTHOUSE LEARNING CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 550 KINGSLEY AVENUE<br>~~328 STILES AVE~~<br>ORANGE PARK FL 32073<br>US | 550 KINGSLEY AVENUE<br>~~328 STILES AVE~~<br>ORANGE PARK FL 32073<br>US |

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

**REINSTATEMENT** 00

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc.: 550 Kingsley Ave | Suite, Apt. #, etc.: Orange Park, Fl |
| City & State: Orange Park, FL | City & State: 320 73 |
| Zip: 32073 Country: USA | Zip: Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/1988 SP

5. FEI Number: 59-2901911 — 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 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | ~~SOLIPAL, BIANA~~ Bodenweber, Cathy | ~~711 RUTHVER CT.~~ 293 Crookedridge Ct | ORANGE PARK FL 32065 |
| SD | ~~CUMMINS, CINDY~~ Frick, Zan | ~~2661 FOXWOOD RD~~ 2245 Holly Leaf Lane | ORANGE PARK FL 32073 |
| VD | ~~BODENWEBER, CATHY~~ Johnston, Tracy | ~~293 CROOKEDRIDGE COURT~~ 446 Windward Lane | ORANGE PARK FL 32073 |
| TD | ~~RODESNEY, STEVEN~~ Terry Harvey | ~~767 BLANDING BLVD 103~~ 2655 Eagle Bay Dr | ORANGE PARK FL ~~32065~~ 32073 |
| | | | 500003514915--7 |
| | | | ~~12/28/00 01006--010~~ |
| | | | ****236.25 ****236.25 |

**8. Name and Address of Current Registered Agent**

~~WILLIAMS, GRADY H~~
~~1279 KINGSLEY AVE~~
~~STE. 117~~
ORANGE PARK FL 32073

**9. Name and Address of New Registered Agent**

Name: Mary T. Harvey (Terry)
Street Address (P.O. Box Number is Not Acceptable): 550 Kingsley Ave.
Suite, Apt. #, Etc.: Lighthouse Learning Center
City: Orange Park State: FL Zip Code: 32073

CR2E040 (8/00)

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: SIGNATURE REQUIRED Mary T. Harvey
REGISTERED AGENT MUST SIGN
Date: 11/22/00

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.

C.M. Bodenweber Cathy M. Bodenweber

**SIGNATURE:** SIGNATURE REQUIRED 10/28/00 904-272-5418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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