

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 DEC 14 PM 2:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N41914**

1. Corporation Name
CLERMONT FIRST BAPTIST WEE CENTER, INC.

Principal Place of Business	Mailing Address
498 MONTROSE ST. CLERMONT FL 34711	P O BOX 121151 CLERMONT FL 34712-1151 US



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/22/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-3049182	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DD	CALDWELL, MARION ANN	POB 121025	CLERMONT FL
VD	SMITH, LUCILLE A. JAMES WEST	13104 PLUM LAKE DR 810 FORRESTWOOD DRIVE	CLERMONT FL
TD	HABERMEHL, RALPH	808 HIGHPOINT CIRCLE	CLERMONT FL
SD	LEDDON, DOROTHY	1236 LAKEVIEW DR	CLERMONT FL
PD	BLACKBURN, SANDRA	5836 MARVIN'S PLACE	GROVELAND FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANGLEY, RICHARD H. 700 ALMOND ST CLERMONT FL 34711		Name: [Signature] [Signature] Suite, Apt. #, Etc. City State Zip Code FL	

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] Date: 10-23-00
 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
 Signature: [Signature] Date: 10-23-00 Daytime Phone #: 394-2252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)