


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -9 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41914**

1. Corporation Name  
Clermont First Baptist WEE Center, Inc  
498 Montrose Street  
Clermont, FL 34711

2. Principal Office Address 498 Montrose St.		3. Mailing Office Address P.O. Box 121151	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clermont FL		City & State Clermont FL	
Zip 34711	Country USA	Zip 34712	Country USA

370081253353  
10/26/06 -- 01036 -- 005 \*\*420.00  
CR2E081 (12/05)

**REINSTATEMENT** 03-06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593049182	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Richard H. Langley  
Street Address (P.O. Box Number is Not Acceptable): 700 Almond Street  
Suite, Apt. #, Etc.:  
City: Clermont  
State: FL  
Zip Code: 34711

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: *Richard H. Langley* Date: 10/23/06  
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	Jeanette Blackburn	5843 Marvins Place	Groveland FL 34736
Co-Chair	Sandra Blackburn	5836 Marvins Place	Groveland FL 34736
Co-Chair	Tom Wilkins	10925 Versailles Blvd	Clermont FL 34711
Sec.	Laura Pearce	1302 Windy Bluff Dr	Clermont FL 34711
Treas.	Krys Dickson	1875 Settle St.	Clermont FL 34711
Dir.	Becky Kuykendall	1533 Sarus Ave	Groveland FL 34736

10. 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 contained in Chapter 119, 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: *Becky Kuykendall, Director* Date: 10/23/06 Daytime Phone #: 352-341-2259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/06