PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FÖR* REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P11201

1. Corporation Name

NOBEL LEARNING COMMUNITIES, INC.

Principal Place of Business

Mailing Address

1615 WEST CHESTER PIKE

1615 WEST CHESTER PIKE

SUITE 200

Suite, Apt. #, etc.

City & State

LIS

WEST CHESTER PA 19382-7956

SUITE 200 WEST CHESTER PA 19382-7956

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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

New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

City & State

FII FD

03 NOV 18 AM 9:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATION	ENT 03
4. Date incorporated or Qualified To Do Business in Florida	08/21/1986
5. FEI Number	Applied For
22-2465204	Not Applicable
6.	\$8,75 - Additional Fee requires

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)]		
Title(s)	2	Name of Officers and/or Directors		3		et Address of Each cer and/or Director		4	City / Sta	te / Zip		
CEO	GLEGG, A.	Bernstein, Ge	orgeH			NCE BD. SUITE & est Chester		MEDIA PA	19063	R. PAI	9382	
-VPFA EVP	DEANGELO		J	1400 N. 1 1615	ROVIDE Less	NCE RD: SUITE S L'Chester	Pike		19063 Chester	,	,	
P	ZOBEL, RO	DBENT- HT Clegg		5300 N. I	S W	est chest	TER Pike	CT LAUDER	RDALE FL 333 T. Ches	nα .		
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EVP	BAILEY, W	ILLIAM E VP						19063 Chas Ts				
ero Cro		s, edward		WAWA,INC. BALTIMORE PIKE/RED ROO- 1615 West Chester Pike			MEDIA PA West-Ch	19083 Desterst		82		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent							
						Name		_				16

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. or 617.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

VickiAnn Owens

Suite, Apt..#, Etc

City

100024186391 0/28/03-01011-004 ***/50.0

Special Assistant Secretary

Street Address (P.O. Box Number is Not Acceptable)

State

Zip Code

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 filling 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

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION:FL=33324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willam E. Bailey 10/13/03 484-947-2000

Daytime Phone #