

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # 743793

1. Entity Name

FAM-CO LEARNING AND DEVELOPMENT, INC.



JAN 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1720 W. 5TH ST.
JACKSONVILLE, FL 32209

Mailing Address
1720 W. 5TH ST.
JACKSONVILLE, FL 32209

801.5.07



REINSTATEMENT

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1867609

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYWOOD, NELSON
484 W 61ST ST
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name In Corp Services, INC.

Street Address (P.O. Box Number is Not Acceptable)
17888 61st St. North

City Loxahatchee FL Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

In Corp Services, Inc.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/08

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME JENKINS, ROSS
STREET ADDRESS 6721 NORWOOD AVE
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE T ☒ Delete
NAME HAYWORD, NELSON
STREET ADDRESS 484 NORTH 61ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE DS ☒ Delete
NAME PETERSON, FLORA F
STREET ADDRESS 8130 VILLAGE GATE CT
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D ☒ Delete
NAME HIGHTOWER, CISELY
STREET ADDRESS 3556 COLONY COVE TR
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Valerie Robinson ☒ Change ☐ Addition
NAME Valerie Robinson
STREET ADDRESS 1720 W. 5th St.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE Director ☒ Change ☐ Addition
NAME Jenila Jordan
STREET ADDRESS 1720 W. 5th St.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE Director ☒ Change ☐ Addition
NAME Wilene Dozier
STREET ADDRESS 1720 W. 5th St.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ Change ☐ Addition
NAME 200114733922
STREET ADDRESS 01/11/08--01004--002 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200114733922
STREET ADDRESS 01/11/08--01004--003 **\$70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilene Dozier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

(904) 353-4300

Daytime Phone #