

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 FEB -1 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835035

1. Corporation Name

CHILDCRAFT EDUCATION CORP.

2. Principal Office Address

2920 OLD TREE DR

Suite, Apt. #, etc.

City & State

LANCASTER PA

Zip

17603

Country

LANCASTER

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/16/1975

5. FEI Number

13-5619818

Applied For

X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

1/30/02

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
PRESIDENT	RONALD E. SUCHODOLSKI	2920 OLD TREE DRIVE	LANCASTER, PA 17603
ASST SECY	WILLIAM H. ERWIN	2920 OLD TREE DRIVE	LANCASTER, PA 17603
VP & TREASURER	MARY M. KARACINSKI	W6316 DESIGN DRIVE	GREENVILLE, WI 54942
DIRECTOR	DANIEL P. SPALDING	W6316 DESIGN DRIVE	GREENVILLE, WI 54942
DIRECTOR SECY	DAVID J. VANDER ZANDEN	W6316 DESIGN DRIVE	GREENVILLE, WI 54942
DIRECTOR	DONALD J. NOSKOWIAK	W6316 DESIGN DRIVE	GREENVILLE, WI 54942

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 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:

WILLIAM H. ERWIN

ASSISTANT SECRETARY

Date

Daytime Phone #

717-391-4003

JAN 29, 2002

CR2E081 (9/01)