

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 JUL -9 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G92630**

1. Corporation Name

Circles of Learning, Inc.

2. Principal Office Address

6321 Whispering Oaks Dr

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32277

Country

Duval

3. Mailing Office Address

6321 Whispering Oaks Dr

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32277

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1984

5. FEI Number

✓ 59-2434312

Applied For

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

Jill Atter

700004483797-2

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

6321 Whispering Oaks Drive, West

07/18/01 01002 030

***2292.50 ***2292.50

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

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

Jill B. Atter

REGISTERED AGENT MUST SIGN

Date 7-8-01

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
D,S,P	Jill Atter	6321 Whispering Oaks Dr., W	Jacksonville, FL 32277
VP	Phillip T. Atter, Jr.	6321 Whispering Oaks Dr., W	Jacksonville, FL 32277

DECLARATION 89-01

mw

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:

Jill Atter

Jill Atter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jill Atter

7-8-01

Date

1904-7256216

Daytime Phone #