

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
96-98-AR
DIVISION OF CORPORATIONS
DOCUMENT # J20493 W98-12268

FILED
98 JUN 26 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
~~The Sunrise Early Learning Center~~
DBA JWR Enterprises Inc.
Principal Place of Business Mailing Address
7215 Wuelthi Dr.
Melbourne, Fl. 32940

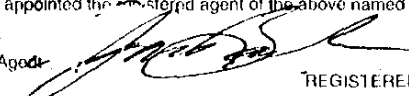
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Aug 1986	
City & State		City & State		5. FEI Number	
Zip		Zip		592687799	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Deborah Wilson	305 W. South College St	Yellow Springs OH 45387
			200002576042--0
			-06/30/98--01040--017
			***515.00 ***515.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name JANE BANKS	
		Street Address (P.O. Box Number is Not Acceptable) 2880 N. Wickham Rd	
		Suite, Apt. #, Etc. #719	
		City Melbourne	
		State FL	Zip Code 32935

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.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 6/22/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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:  May 12, 1998 937-767-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Secretary of State
Dept. of State
Division of Corporations

Deborah Wilson
305 W. South College St.
Yellow Springs, OH
45387 (937)767-2265
J20493

May 20, 1998

To the Secretary of State:

I wish to have the reinstatement fee waived. The Suntree Early Learning Center D.B.A., JWR Enterprises, (J20493) did not receive the 1996 Annual form. I would appreciate your help in this matter.

Thank you,



Deborah Wilson
President