

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 19 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J56090

1. Corporation Name

THE CHILDREN'S ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

~~4600 N 9 AVE.~~ 7979 N. 9th Ave.  
~~4600 N 9 AVE.~~ Psa. FL  
~~PENSACOLA FL 32503~~ 32514  
~~4600 N 9 AVE.~~ 7979 N. 9th Ave.  
~~4600 N 9 AVE.~~ Ave.  
~~PENSACOLA FL 32503~~ Psa. FL  
32514



2000 UBR

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

2. New Principal Office Address, If Applicable

7979 N. 9th Ave.

Suite, Apt. #, etc.

Psa. FL

City & State

Zip  
32514

Country

USA

3. New Mailing Office Address, If Applicable

7979 N. 9th Ave.

Suite, Apt. #, etc.

City & State

Psa. FL  
Zip  
32514

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1987

5. FEI Number

59-2784684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAVINE, KAREN V.	4600 N. 9TH AVE	PENSACOLA FL
S	LAVINE, ROBERT L.	4600 N 9 AVE.	PENSACOLA FL

800003457398--2  
-11/08/00--01082--024  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Karen V. Lavine*  
REGISTERED AGENT MUST SIGN

Date

Oct. 16, 2000

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 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:

*Karen V. Lavine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 16, 2000

Daytime Phone #

CR2E040 (8/00)

## Children's Enrichment Center

7979 N. 9th Avenue  
Pensacola, Florida 32514  
(904) 478-0104

202

October 16, 2000

Katherine Harris  
Secretaty of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Secretary Harris:

Please find enclosed \$150.00 in payment of the 2000 corporation annual report/uniform business report.

Children's Enrichment center has been located at 7979 N.9th Avenue, Psa. FL 32514 for three years. The last two years the Department of State has sent the report to this address.. This year, evidently the report and the second notice were sent to our previous address of 4600 N.9th Ave, Psa. FL 32503. The report and second notice were not forwarded to me. I have enclosed the envelope which shows that the dissolution notice was forwarded to me.

Children's Enrichment Center has been in existence since 1983. We have always paid this fee on time, and will continue to do so in the future.

Please be kind enough to check our mailing address on your records so that this error does not occur again.

Sincerely,

*Karen V. Lavine*

Karen V. Lavine  
owner/director, CEC

