

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 30 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***900.00 ***900.00

DOCUMENT # **K40187**

1. Corporation Name

THE ACADEMY LEARNING CENTER, INC.

2. Principal Office Address

6910 KAREN CT

3. Mailing Office Address

1413 JOHN MOORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

BRANDON, FL

Zip

Country

Zip

Country

33610

33511-6305

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 10, 1988

5. FEI Number

59-2922431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

00301

7. Name and Address of Current Registered Agent

Name

JAFFICE L. DONALDSON

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

1413 JOHN MOORE RD

Suite, Apt. #, Etc.

LS

City

BRANDON

State

FL

Zip Code

33511-6305

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

JAFFICE L. DONALDSON
REGISTERED AGENT MUST SIGN

Date

08/28/01

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
UTD	JAFFICE L. DONALDSON	1413 JOHN MOORE RD	BRANDON, FL. 33511
PSD	DANICE M. DONALDSON	1413 JOHN MOORE RD	BRANDON, FL. 33511

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:

JAFFICE L. DONALDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-28-01

Daytime Phone #

0813-630-1772