

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 22 PM 3:48

DOCUMENT # L41816

1. Corporation Name

THE LEARNING SHOPPE, INC.

Principal Place of Business Mailing Address
500 HARRISON AVE 500 HARRISON AVE
PANAMA CITY FL 32401 PANAMA CITY FL 32401

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 560 HARRISON AVE.		4. Date Incorporated or Qualified To Do Business in Florida 01/11/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2987398	
City & State		City & State PANAMA CITY FL		Applied For Not Applicable	
Zip	Country	Zip 32401	Country USA	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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
D	DAVIS, F V	500 HARRISON AVE	PANAMA CITY FL
P	DAVIS, KAY, S	5410 BERTHA NELSON RD	PANAMA CITY FL
ST	DAVIS, NEILL, H	500 HARRISON AVE	PANAMA CITY FL
D	DAVIS, BILLIE	560 HARRISON AVE.	PANAMA CITY FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DAVIS, NEILL 500 HARRISON AVE. PANAMA CITY FL 32401	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: *Neill H Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEILL H DAVIS
10-21-99 850-769-8738
Date Daytime Phone #

DATE: 10.21.99

TO: FL. DIV. OF CORPORATIONS

FM: NEILL DAVIS ~~MD~~
THE LEARNING SHOPPE

SUBJ: CORPORATE STATUS

Per your instructions please find enclosed check number 5760 in the amount of \$150.00 for corporate renewal. To the best of my records this is the first receipt of the corporate renewal notice. Thus please reinstate the corporation to active status. Thank you in advance for your assistance.