

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR -9 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67797

1. Corporation Name

NATIONAL LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

5499 SW 82ND AVE
DAWNE FL 33328

5499 SW 82ND AVE
DAWNE FL 33328



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:

1932 Tyler St
Suite, Apt. #, etc.

1932 Tyler St
Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip Country
33020

Zip Country
33020

100030123401
03/09/04--01061--029 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1988

5. FEI Number

65-0058324

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
PTD	PEPITONE, DR. W II	5499 SW 82 ND AVE	FORT LAUDERDALE FL 33328
VD	PEPITONE, DR. W II	5499 SW 82ND AVE	FORT LAUDERDALE FL 33328
S	PEPITONE, WILLIAM B III	5499 SW 82ND AVE	FORT LAUDERDALE FL 33328

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEPITONE, WILLIAM D

5499 SW 82ND AVE

FORT LAUDERDALE FL 33328

Name

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

2851 Starling Road

Suite, Apt. #, Etc.

City

Dawson

State

FL

Zip Code

33312

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. or 617.0505, F.S.

Signature of
Registered Agent

DR. W. Pepitone

REGISTERED AGENT MUST SIGN

Date

2/17/2004

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:

DR. W. Pepitone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2004

Date

954-701-2301

Daytime Phone #

CR2040 (7/03)