

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001263

1. Corporation Name

JACKSONVILLE LEARNING INSTITUTE, INC.

Principal Place of Business

1497 W. 21ST ST.  
JACKSONVILLE FL 32209

Mailing Address

1497 W. 21ST ST.  
JACKSONVILLE FL 32209

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/2000

5. FEI Number

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
PC	HOLT, EDWARD	1208 EAST THIRD STREET	JACKSONVILLE FL 32206
VCVP	HURST, JAMES E ED.D	4621 SUNSET LANE SOUTH	JACKSONVILLE FL 32257
STD	RICHARDSON, ROBERT E SR.	7265 SAN PEDRO ROAD	JACKSONVILLE FL 32217
D	LITTLE, MARC	8070 WAKEFIELD AVENUE	JACKSONVILLE FL 32208
D	POWELL, LEOLA	C/O 1880 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32208
D	MERIDETH, MARY S B.S.	2367 ISLAND SHORE DR. S.	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NORMAN, JANETTA G ED.D  
1497 W. 21ST ST.  
JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number, Not Applicable)

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

JANETTA G. NORMAN,  
REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD HOLT, PRESIDENT

Date

Daytime Phone #

FILED

01 OCT 15 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2001 *mm*

CR2E040 (8/01)