

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001559

1. Corporation Name

DIVINE CARE LEARNING CENTER, INC.

Principal Place of Business

4116 DAVIS ST.  
JACKSONVILLE FL 32208

Mailing Address

4116 DAVIS ST.  
JACKSONVILLE FL 32208

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

03/02/2000

5. FEI Number

59-3514415

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SPENCER, GEORGE	<del>1254 WEST 20TH ST.</del> 11050 LYDIA, EST. DR. E.	JACKSONVILLE FL <del>32208</del> 32218
SD	SPENCER, AMERICUS	<del>1254 WEST 20TH ST.</del> 11050 LYDIA, EST. DR. E.	JACKSONVILLE FL 32209 32218
TD	ROUNDTREE, CYNTHIA R	2919 BUCKMAN ST.	JACKSONVILLE FL 32206
			000004672450-6 -11/08/01--01046--016 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

SPENCER, GEORGE

~~1254 WEST 20TH ST.~~ 11050 LYDIA, EST. DR. E.  
JACKSONVILLE FL ~~32208~~ 32218

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/15/2001

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

Date

Daytime Phone #

10/15/2001

CR2E040 (8/01)