

\$122.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 1:58

DOCUMENT # **N00000004034**

1. Corporation Name

Hawthorne Learning Center, Inc.

800029745198
03/03/04--01013--006 **306.25

2. Principal Office Address

5228 US Hwy 301 N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2409

Suite, Apt. #, etc.

City & State

Hawthorne, FL

Zip

32640

Country

USA

City & State

Hawthorne, FL

Zip

32640

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3653006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James G. Franklin, Sr.

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

5228 US Hwy 301 N.

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

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

James G. Franklin, Sr.
REGISTERED AGENT MUST SIGN

Date

2/24/04

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
P	Cleveland Franklin	5228 US Hwy 301 N.	Hawthorne, FL 32640
S	Betty Franklin	5228 US Hwy 301 N.	Hawthorne, FL 32640
T	Mayonia Anderson	5228 US Hwy 301 N.	Hawthorne, FL 32640
D	James Franklin	5228 US Hwy 301 N.	Hawthorne, FL 32640

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:

James G. Franklin, Sr. **James G. Franklin, Sr.** **2/24/04** **494-2425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)



HAWTHORNE LEARNING CENTER, INC.
P.O. BOX 2409
HAWTHORNE, FLORIDA 34640
(352) 494-2425

February 24, 2004

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: N100000004034

Corporate Reinstatement Division,

The annual report was never received which impeded our ability to file. As a result, our Corporation was administratively dissolved. I'm requesting reinstatement.

Sincerely,

James G. Franklin, Sr.
Director

A NON PROFIT FLORIDA CORPORATION