

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 17 AM 8:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000004059

1. Corporation Name

Bailey Academy Learning Center Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200007853922--6
-09/19/02--01085--002
***297.50 ***297.50

2. Principal Office Address

101 W. Cypress St.

Suite, Apt. #, etc.

Suite C & E

City & State

Kissimmee

Zip

34741

Country

USA

3. Mailing Office Address

3117 Pershing St.

Suite, Apt. #, etc.

City & State

Kissimmee

Zip

34741

Country

USA

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/09/2000

5. FEI Number

59-3651456

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

Anissa Guiang-Horner

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

3117 Pershing St.

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34741

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

Anissa Guiang-Horner
REGISTERED AGENT MUST SIGN

Date

8-15-02

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/D <input checked="" type="checkbox"/>	Carolyn Bailey <input checked="" type="checkbox"/>	3117 Pershing St. <input checked="" type="checkbox"/>	Kissimmee, FL 34741
V/S <input checked="" type="checkbox"/>	Anissa Guiang-Horner <input checked="" type="checkbox"/>	3117 Pershing St. <input checked="" type="checkbox"/>	Kissimmee, FL 34741
M <input checked="" type="checkbox"/>	Rosalind Mitchell <input checked="" type="checkbox"/>	3123 Pershing St. <input checked="" type="checkbox"/>	Kissimmee, FL 34741
V/T <input checked="" type="checkbox"/>	Steven Bailey <input checked="" type="checkbox"/>	3117 Pershing St. <input checked="" type="checkbox"/>	Kissimmee, FL 34741

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)(f), 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:

Anissa Guiang-Horner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anissa Guiang-Horner

08/15/2002

407-518-7599

Date

Daytime Phone #

CP25031 (9/01)

gy 5/17/02