

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 10 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006412

1. Corporation Name

Learning Excellence Foundation of East Broward

200158365032
07/10/09--01049--009 **481.25

2. Principal Office Address - No P.O. Box #

1395 S. State Road 7

3. Mailing Office Address

c/o Julie Klahr, 3099 East Commercial

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

North Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33068

Country

USA

Zip

33308

Country

USA

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

09/26/2000

5. FEI Number
65-1124715

☐ 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
Julie F. Klahr

Street Address (P.O. Box Number is Not Acceptable)
3099 East Commercial Boulevard

Suite, Apt. #, Etc.
Suite 200

City
Fort Lauderdale

State
FL

Zip Code
33308

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Julie Klahr
REGISTERED AGENT MUST SIGN

Date

6/4/09

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
Chair	Faye Douglas	12877 SW 49 Court	Miramar, FL 33027
D	Janie Gadsen	9267 Ramblewood Drive, Apt 1427	Coral Springs, FL 33071
D	Melvorn Atencio	3266 NW 8 Ave, Apt 635	Sunrise, FL 33351
D	Warren Hunter	3490 NW 24 Street	Lauderdale Lakes, FL 33311

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 contained in Chapter 119, 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:

Faye Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faye Douglas

6/3/09
Date

786-412-1279

Daytime Phone #

G. Mitchell

JUL 10 2009