

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003888**

1. Corporation Name

THE COMMUNITY LEARNING CENTER OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

136 N. FLORIDA AVE.
INVERNESS FL 34453

PO BOX 1801
INVERNESS FL 34451

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2001

5. FEI Number

59-3734647

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
D	ALEXANDER, ELIZABETH D	PO BOX 1801	INVERNESS FL 34451
D P/D	ALEXANDER, WYNDELL SR RANDOLF BELLAMY, SR.	PO BOX 1801 311 Deer Run Road	INVERNESS FL 34451 Inverness, FL 34450
D	HENRY, JOSEPHINE	207 W. SHORT ST.	INVERNESS FL 34453
D S/D	COBB, LELA SHIRLEY FUTCH	116 E. DAMPIER ST. P.O. Box 822	INVERNESS FL 34453 Hernando FL 34442
D	LINDA SIMMONS	2596 North Rail Roadway	Hernando FL 34442

8. Name and Address of Current Registered Agent

HENRY, JOSEPHINE
-136 N. FLORIDA AVE.
INVERNESS FL 34453

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

100023020171

10/15/03--01060--003 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

Josephine Henry
REGISTERED AGENT MUST SIGN

Date: 10/14/03

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:

Elizabeth D. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 352-560-0000

CR20040 (7/03)