

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -6 PM 3:06

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1102000002343

1. Corporation Name

LIFE ENRICHMENT Education Center, INC.

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

6550 N. PALM ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 19033

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

Zip

32503

Country

Escambia

Zip

32523

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

March 2002

5. FEI Number

03-0416889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

John D. YOUNG Sr.

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

8346 Sunny ACRES Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

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

John D. Young Sr.

REGISTERED AGENT MUST SIGN

Date

2/1/08

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
PP	John D. YOUNG Sr	8346 Sunny ACRES Ln.	Pensacola FL 32514
TD	LARRY J. YOUNG	4495 CESSNOCK Drive	Pensacola FL 32514
S	Wilhelmina Lewis	4600 Twin Oaks Dr. Apt. 911	Pensacola FL 32506

460118345004
02/19/08--01045--014 **70.00

32/7/08

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:

Larry J. Young / LARRY J. YOUNG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/08

Daytime Phone #