

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 AM 11:31

CR2E081 (12/07)

DOCUMENT # N02000007449

1. Corporation Name

New Zion Childcare Learning Center, Inc.

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

728 NW 6th Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34475

Country

USA

3. Mailing Office Address

728 NW 6th Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34475

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

2002

5. FEI Number

20-0597533

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

Cecil Wilson

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

728 NW 6th Avenue

Suite, Apt. #, Etc.

City

Ocala, FL

State

FL

Zip Code

34475

☒ 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

Date 04/30/2008

REGISTERED AGENT MUST SIGN

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
D	Eris Thomas	728 NW 6th Avenue	Ocala, FL 34475
D	Erma Rush	728 NW 6th Avenue	Ocala, FL 34475
D	Curtis Bell	728 NW 6th Avenue	Ocala, FL 34475
D	Church Board Dir. Cecil Wilson	728 NW 6th Avenue	Ocala, FL 34475
STATEMENT 03-08 05/01/08 600128093436 13 5/5/18 01049-006 **490.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

352/351-4924

Daytime Phone #