


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 21 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1703000002982			
1. Corporation Name Christian Learning Center			
2. Principal Office Address 1701 Hinchley Rd Suite, Apt. #, etc. Orlando FL City & State Zip 32818 Country Orange		3. Mailing Office Address P.O. Box 681277 Suite, Apt. #, etc. Orlando FL City & State Zip 32868 Country Orange	

04-15-04 90025 006 6425

4. Date Incorporated or Qualified To Do Business in Florida	3. 31. 2003
5. FEI Number	16-1661862
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 100049901221	
Name	Ingrid Stewart
Street Address (P.O. Box Number is Not Acceptable)	4721 Watch Hill Ct
Suite, Apt. #, Etc.	
City	Orlando
State	FL
Zip Code	32808

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	Ingrid Stewart
REGISTERED AGENT MUST SIGN	Date 03/16/05

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
Director	Lloyd Barnes	1701 Hinchley Rd, Orlando FL 32818	Orlando FL 32818
Director	Maxine Barnes	Hinchley Rd 1701 Hinchley Rd Orlando FL 32818	Orlando FL 32818
Director	Ingrid Stewart	4721 Watch Hill Ct. Orlando FL 32808	Orlando FL 32818
Officer	Theodore Walker	1838 Whitney Way Apt 100 Winter Park FL 32792	Winter Park FL 32792
Officer	Carlton Walcut	1843 Astrolyn St	Winter Garden 34787

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)(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:	Maxine Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3.16.05 (407)532-0125
Date	Daytime Phone #

CR2E081 (01/05)

Christian Learning Center
P.O. Box 681277
Orlando Fl. 32868-1277
March 16, 2005

To Whom It May Concern

Two days ago I tried downloading my Annual Report form the internet and there was a note stating that my coporation was annuled. I called and spoke to someone from the Division Of Coperations. I was told that my last Annual Report Form was returned to me because the EIN number was missing. I never received this returned mail or any other correspondence from your office.

I am requesting that the reinstatement fee be waived.

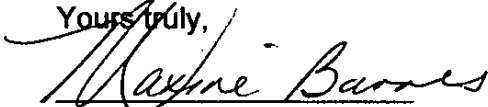
Please note that I now have a new address.

NEW ADDRESS
CHRISTIAN LEARNING CENTER
P.O. BOX 681277
ORLANDO FL. 32868

EIN NUMBER- 16-1661862

Kindly find enclosed a check for \$61.25.

Yours truly,


Maxine Barnes