

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41914**

1. Corporation Name

CLERMONT FIRST BAPTIST WEE CENTER, INC.

Principal Place of Business

Mailing Address

498 MONTROSE ST.
CLERMONT FL 34711

P O BOX 121151
CLERMONT FL 34712-1151
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3049182

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DD	CALDWELL, MARION ANN	POB 121025	CLERMONT FL
VD	SMITH, LUCILLE A. JAMES WEST	13104 PLUM LAKE DR 810 FORRESTWOOD DRIVE	CLERMONT FL
TD	HABERMEHL, RALPH	808 HIGHPOINT CIRCLE	CLERMONT FL
SD	LEDDON, DOROTHY	1236 LAKEVIEW DR	CLERMONT FL
PD	BLACKBURN, SANDRA	5836 MARVIN'S PLACE	GROVELAND FL
			500003523865--3 -01/04/01--01098--011 *****175.00 *****175.00

8. Name and Address of Current Registered Agent

LANGLEY, RICHARD H.
700 ALMOND ST
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name:

REINSTATEMENT

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-23-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500003523865--3
-01/04/01--01098--012
*****61.25 *****61.25

10-23-00

Date

394-2255

Daytime Phone #