PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 27 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44999**

1. Corporation Name

THE GIFT OF LEARNING FOUNDATION, INC.

Principal Place of Business	Mailing Address
1698 HIBICUS AVE. WINTER PARK FL 32789 US	1698 HIBICUS AVE. WINTER PARK FL 32789 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/03/1991

5. FEI Number: 59-3085393 — 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	~~ALLEN, LIZ~~ KITE, GREGORY F.	~~1801 HILL ST~~ 1267 Waterwitch Cove Circle	Orlando, FL 32806 ~~NEW SMYRNA BEACH FL 32169~~
PD	~~ALLEN, KENT~~ LYMAN, NIEVES A.	~~1801 HILL ST~~ 1698 Hibiscus Ave	Winter Park, FL 32789 ~~NEW SMYRNA BEACH FL 32169~~
D	~~NORRIS, PAUL~~ CONNERY, MENTE	~~4923 EBERSBURG DR~~ 632 W. Amelia Ave.	ORLANDO, FL 32801 ~~TAMPA FL 33647~~
			100003121381---6 -02/02/00--01071--013 ****298.00 ****298.00
			REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ALLEN, KENT 1801 HILL ST NEW SMRYNA BEACH FL 32169	Name: Nieves Lyman Street Address (P.O. Box Number is Not Acceptable): 1698 Hibiscus Ave. Suite, Apt. #, Etc.: City: Winter Park — State: FL — Zip Code: 32789

(CR2E040 (8/99))

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: Nieves Lyman SIGNATURE REQUIRED — Date: Jan. 21, 2000
REGISTERED AGENT MUST SIGN

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: Nieves Lyman SIGNATURE REQUIRED — Jan. 21, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #