

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 2001 11:43

DOCUMENT # N45925

1. Corporation Name

SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.

Principal Place of Business

Mailing Address

54 E MAIN ST
APOPKA FL 32703-5256
US

52 EAST MAIN STREET
APOPKA FL 32703-5256

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

11/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3118405

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ROLLINS, CYNTHIA	1777 SADDLEBACK RIDGE	APOPKA FL 32703
DVP	COLLIER, ROSE M	8945 N. LAKE ORL PKWY	ORLANDO FL 32808
DS	MCQARVIN, GLORIA	473 PLYMOUTH ROCK PL	APOPKA FL 32703
D	LEE, LINDA	24 E 15TH STREET	APOPKA FL 32703
D	MCNEIL, M.	P.O. BOX 4013	APOPKA FL 32704
D	WOODSON, MYLITZA	2905 BERMUDA AVE S	APOPKA FL 32703

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMS, DEBORAH
54 EAST MAIN STREET
APOPKA FL

Name
Street Address (P.O. Box Number is Not Acceptable)
200004669772--6
Suite, Apt. #, Etc. -11/06/01--01085--010
City *****245.00 *****245.00
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

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

10-15

407-538-5983

Daytime Phone #

SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.

Principal Place of Business
54 E. Main Street
Apopka, FL 32703

Mailing Address
52 E. Main Street
Apopka, FL 32703

Registered Agent
Smith, Rebecca
54 East Main Street
Apopka, FL 32703

DP Bertha Kovalski 3635 Palm Ave. Apopka Fl. 32712

DVP Cynthia Thornton 103 W. 8th Ave. Apopka Fl. 32703

DS Mary Nixon 189 Durham Pl. Longwood Fl.
32779

D Velda Morris 2502 Bon Air Dr. Orlando, Fl. 32818

D Marsha Neal 1192 Hermit Smith Rd. Plymouth Fl
32768
P.O. Box 150