

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005427

1. Corporation Name

TLC CHRISTIAN ACADEMY, INC.

Principal Place of Business

111-115 SW 10TH AVE
DELRAY BEACH FL 33444
US

Mailing Address

111-115 SW 10TH AVE
DELRAY BEACH FL 33444
US



02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0704760	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED - <input type="checkbox"/>				S\$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
PD	OWENS, QUEEN E	328 NW 2ND AVE	DELRAY BEACH FL 33444
SD	OWENS, KRISTI	222 SW 2ND AVE	DELRAY BEACH FL 33444
TD	HARRIS, TEQUILLA D	917 N D ST	201 LAKE WORTH FL 33444
			12/30/02--01002--010 **236.25
			200008635462
			10/28/02--01112--015 **61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
OWENS, QUEEN 328 NW 2ND AVE DELRAY BEACH FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) 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. or 617.0505, F.S.

Signature of Registered Agent: *Queen Owens* **SIGNATURE REQUIRED** **REGISTERED AGENT MUST SIGN** Date: *10/24/02*

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: *Queen Owens* **SIGNATURE REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: *10/24/02* Daytime Phone #