

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC -2 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003262

1. Corporation Name

LITTLE FOLKS ACADEMIC CENTER, INC.

Principal Place of Business

Mailing Address

224 SOUTH STREET  
QUINCY FL 32351

224 SOUTH STREET  
QUINCY FL 32351

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

06/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

X FEI Number

59-3435393

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, Pres	Joseph Long III	408 South St., Quincy	Quincy, Fla. 32351
D, Pres	Collette Cooper	302 South St.	Quincy, Fla. 32351
D, Treas.	Joel Long	208 South St., Quincy, Fla.	Quincy, Fla. 32351
D, Sec	Willie M. Long	208 South St.	Quincy, Fla. 32351

REINSTATEMENT 98 TB. 12/2/98

8. Name and Address of Current Registered Agent

LONG, GLORIA J  
302 SOUTH STREET  
QUINCY FL 32351

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

X SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 12-2-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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: X SIGNATURE REQUIRED

Date 12-2-98

Daytime Phone # 627-3011

CR2EDM0 (9/98)