

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000006405

1. Corporation Name

ADVENTURE LEARNING CENTRE, INC.

Principal Place of Business

P.O. BOX N-855
NASSAU, BAHAMAS

Mailing Address

P.O. BOX N-855
NASSAU, BAHAMAS

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1999

5. FEI Number

31-1704954

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	GREBE, RANDY	P.O. BOX N-855 6401 NW 54 Dr	NASSAU, BAHAMAS Coral Springs FL 33067
D	CAMPBELL, JAMES	541 BURNT EMBER LN.	BUFFALO GROVE IL 60089
DT	TISSOT, SAM	3440 ACADEMY DR.	WINDSOR, ON CANADA N9E
D	DUNCANSON, HUMPHREY	48 VALENTINE AVE.	HUNTINGTON NY 11743
D	JOHNSON, HESKETH	2844 N.W. 42ND AVE.	COCONUT CREEK FL 33066
DVP	FARQUHARSON, CEDRIC	P.O. BOX N-4623	NASSAU, BAHAMAS

8. Name and Address of Current Registered Agent

ROSS, STEVE
1901 SHARON ST.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name Randy Grebe
Street Address (P.O. Box Number is Not Acceptable) 6401 NW 54 Dr.
Suite, Apt. #, Etc.
City Coral Springs State FL Zip Code 33067

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

Randy Grebe
REGISTERED AGENT MUST SIGN

Date

Jan 9, 2002

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:

Randy Grebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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01/30/02--01059--033

****61.25 ****61.25

Date

Daytime Phone #

Jan 9, 2002

CR2E040 (8/01)

zal²

January 9, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of Adventure Learning Center, Inc.

Enclosed you will find the Application for Reinstatement, a copy of check #1001 in payment of the 2001 Annual Report Fee, and a check in the amount of \$61.25 for the 2002 Annual Report Fee.

Due to a change in mailing address, the notices were not received in a timely manner; however, payment of Annual Report Fees were made as required. Please abate any penalties and interest that may have been incurred.

If you have any questions, please contact Shawne Blair or myself at 561-988-2004.

Thank you for your assistance in this matter.

Sincerely,



Regina Landy
Representative for Adventure Learning Center

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