

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054338

1. Corporation Name

Destiny's Child Learning Center

2. Principal Office Address

2273 Fowler St.

Suite, Apt. #, etc.

3. Mailing Office Address

2273 Fowler St.

Suite, Apt. #, etc.

City & State

Ft. Myers

Zip

339105

Country

USA

City & State

Ft. Myers, Florida

Zip

339105

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1017950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Karen Jenkins

Street Address (P.O. Box Number is Not Acceptable)

2273 Fowler St.

Suite, Apt. #, Etc.

City

Ft. Myers, FL 33901

State

FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Karen Jenkins

Date

5-25-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------------------|
| P | Karen Jenkins | 2273 Fowler St. | Ft. Myers, FL 33901 |
| V | Marcus Jenkins | 2273 Fowler St. | Ft. Myers, FL 33901 |
| T | Joe Long | 3983 Squirrel Hill Ct. | Ft. Myers, FL 33905 |
| S | Shirley Long | 3983 Squirrel Hill Ct. | Ft. Myers, FL 33905 |
| | | | 200055568302 |
| | | | 06/01/05--01015--004 **\$00.00 |
| | | | 200055568302 |
| | | | 06/01/05--01015--005 **\$8.75 |

10. 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:

Karen Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-05 (231) 334-4830

Date

Daytime Phone #

CR2E001 (01/05)

272
May 25, 2005

Destiny's Child Learning Center Inc.
2273 Fowler Street
Fort Myers, Florida 33901
(239) 334-4830

Dear Madam or Sir,

I am in the process of applying for a reinstatement of corporation. I was unaware that my corporation status had been inactive since 2002. The information concerning this matter was sent to the address of the accountant that applied for corporation status on my behalf. With this said, I am requesting that all late fee be waved and any additional information be sent to the above listed address. Thank you for your attention in this important matter.

Sincerely Yours,



Karen Jenkins