

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000054338

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** DESTINY'S CHILD LEARNING CENTER, INC.

**Current Principal Place of Business:**

2261 FOWLER ST.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2261 FOWLER ST.  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-1017950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, KAREN  
2261 FOWLER ST.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** KAREN JENKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JENKINS, KAREN  
**Address:** 2261 FOWLER ST.  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** V  
**Name:** JENKINS, MARCUS  
**Address:** 2261 FOWLER ST.  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** T  
**Name:** LONG, JOE  
**Address:** 3983 SQUIRREL HILL CT.  
**City-St-Zip:** FT. MYERS, FL 33905

**Title:** S  
**Name:** LONG, SHIRLEY  
**Address:** 3983 SQUIRREL HILL CT.  
**City-St-Zip:** FT. MYERS, FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KARNE JENKINS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/24/2011

\_\_\_\_\_  
Date