

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 22 AM 10:03

TALLAHASSEE, FLORIDA

DOCUMENT # **PD0000059924**

**1. Corporation Name**

**THE LEARNING Tree Child CARE  
Development Center**

**2. Principal Office Address**

**4540 S. ORANGE BLVD. TRAIL**

Suite, Apt. #, etc.

City & State

**ORLANDO FLA.**

Zip **32839**

Country

**ORANGE**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

City & State

**SAME**

Zip **32839**

Country

**ORANGE**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**2000**

**5. FEI Number**

**59-3667734**

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

**PRISCILLA ANN Johnson**

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

**4229 Greenfern DRIVE**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32810**

**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

**Priscilla A. Johnson**

REGISTERED AGENT MUST SIGN

Date **March 24, 2005**

**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
owner	Priscilla Johnson	4229 Greenfern Dr.	ORLANDO, FLA. 32810

**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)(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:**

**Priscilla Johnson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/24/05 407-251-1840**  
Daytime Phone #

CR2E081 (01/05)