

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

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

DOCUMENT # P00000094316

1. Corporation Name
CHILDREN'S WORLD LEARNING CENTER COMPANY, INC.

Principal Place of Business Mailing Address

742 HIGHWAY 29 742 HIGHWAY 29
CANTONMENT FL 32533 CANTONMENT FL 32533

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED

01 OCT 22 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UBR

59-3676545

10/04/2000

5. FEI Number 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
PS	ALLEN, ALBERT L	742 HIGHWAY 29	CANTONMENT FL 32533

8. Name and Address of Current Registered Agent

ALLEN, PAMELA C
720 TAYLOR STREET
CANTONMENT FL 32533

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 *Pamela C. Allen* Date 10/17/01

REGISTERED AGENT MUST SIGN

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: *Albert L. Allen* 10/17/01 968-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

202

October 17, 2001

To Whom It May Concern,

The annual uniform business report that was due between Jan 1 and May 1 of each calendar year was not received by us. We did not receive a report to fill out. Therefore, we did not know that our corporation must file out this report. Please reinstate our corporation to active status.

Your assistance with this matter is greatly appreciated.

Thank you,

Albert L. Allen

Albert L. Allen
Owner/Operator