

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 14 AM 9:27

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000095662

1. Corporation Name

EARLY CHILDHOOD ACADEMY, INC.

2. Principal Office Address

1231 NORTH BRASSIE DR.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FLORIDA

Zip

32708

Country

U.S.A.

3. Mailing Office Address

ORLANDO, FLORIDA 32828  
12526 WATERHAVEN CR.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32828

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT. 9<sup>th</sup> 2000

5. FEI Number

593676576

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

NANCY P. DURANTE

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

12526 WATERHAVE CR.

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA

State

FL

Zip Code

32828

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

Nancy P. Durante

REGISTERED AGENT MUST SIGN

Date

1-11-02

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
<u>CHAIRMAN</u>	<u>GLEN CURTIS POPE</u>	<u>323 FOSTER COVE</u>	<u>CHULUOTA, FL. 32766</u>
<u>PRESIDENT</u>	<u>//</u>	<u>//</u>	<u>//</u>
<u>VICE PRESIDENT</u>	<u>//</u>	<u>//</u>	<u>//</u>
<u>SECRETARY</u>	<u>//</u>	<u>//</u>	<u>//</u>
<u>TREASURER</u>	<u>//</u>	<u>//</u>	<u>//</u>

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:

Glen Curtis Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

(407) 277-2899

Daytime Phone #

CR2E081 (9/00)