

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000098140

1. Corporation Name

AGES AND STAGES LEARNING CENTER, INC.

Principal Place of Business

2231 N.W. 5TH STREET  
POMPANO BEACH FL 33069

Mailing Address

2231 N.W. 5TH STREET  
POMPANO BEACH FL 33069

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

651049323

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
2 President	Marva Sands Greene	2231 N.W. 5th Street Pompano Beach	Pompano Beach FL 33069
1 Officer	Marva Sands Greene	2231 N.W. 5th St	Pompano Beach Florida 33069

500048983199  
03/23/05--01012--011 \*\*1350.00

900048983199  
03/23/05--01012--012 \*\*8.75

163/21

8. Name and Address of Current Registered Agent

SANDS, MARVA  
2231 N.W. 5TH STREET  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Marva Sands Greene  
REGISTERED AGENT MUST SIGN

Date

3-11-05

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:

Marva Sands Greene

Marva Sands Greene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-05

Daytime Phone #

(954) 309-3007

CR20040 (8/01)