

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:46

DOCUMENT # P00000103486

1. Corporation Name

ATHENA LEARNING CLUB, CORP.

Principal Place of Business

Mailing Address

10840 SW 84TH ST APT B4
MIAMI FL 33173

10840 SW 84TH ST APT B4
MIAMI FL 33173

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

14. Date incorporated or Qualified
To Do Business in Florida

11/03/2000

5. FEI Number

EIN 65-1055307

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	POLYCHRONOS, ANTONIOS	10840 SW 84TH ST APT B4	MIAMI FL 33173
SD	ARISPERONOS, MARIA E	10840 SW 84TH ST APT B4	MIAMI FL 33173
SD	ARISPE, MARIA E.	10840 SW 84th St. Apt. B4	Miami, FL. 33173
			300004659713--1 -10/30/01--01086--004 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLYCHRONOS, ANTONIOS
10840 SW 84TH ST APT B4
MIAMI FL 33173

Name

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

Ant. Polychronos

Antonios
POLYCHRONOS

Date

10/14/01

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:

Ant. Polychronos

Antonios POLYCHRONOS (305) 274-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/14/01

Daytime Phone #

CR2ED40 (8/01)