

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 19 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

1. Corporation Name

Kees World Learning Center  
INC.

106000116382

700005980067--5

-06/25/02--01073--013

\*\*\*300.00 \*\*\*300.00

2. Principal Office Address

3287 Xenex Avenue W

3. Mailing Office Address

P.O. Box 1953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip  
33881  
Country  
Florida USA

Zip  
33883  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

5. FEI Number

593-680713

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

Katrina Campbell

20125-AC

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

3003 Sabal Bend Dr. NE.

10.00-ARART

Suite, Apt. #, Etc.

88-75-AR848

City

Winter Haven

State

FL

Zip Code

33881

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

Katrina Campbell

REGISTERED AGENT MUST SIGN

Date

June 14, 2002

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
President	Thyrone McGordon	1837 3rd St NW	Winter Haven, FL 33881
Treasurer	Otelia McGordon	1837 3rd St NW	Winter Haven, FL 33881

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:

Katrina Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katrina Campbell 6/14/02 863-2947079

Date

Daytime Phone #

CR2E081 (9/01)