

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**

02-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049487

1. Corporation Name

GENESIS LEARNING CENTER INC.

2. Principal Office Address

10866 LEM TURNER RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

USA

3. Mailing Office Address

1077 BERTHA STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32218

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 17, 2001

5. FEI Number

50-0004710

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

ERICKA L. BLOUNT

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

1077 BERTHA STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

500021417325

07/09/03--01073--005 **300 00

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

Ericka L. Blount

REGISTERED AGENT MUST SIGN

Date 06/09/2003

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
P	ERICKA L. BLOUNT	1077 BERTHA STREET	JACKSONVILLE, FL 32218

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:

Ericka L. Blount

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/2003

Date

(904) 751-3470

Daytime Phone #

CR2E081 (10/02)

21/10