

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 16 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054504**

1. Corporation Name **The Children's Lighthouse of Learning and Development Inc.**

2. Principal Office Address
7415-Destin Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Tampa Fla.

City & State

Zip Country
33619 HI/IL boro

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3730859

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name **Sheila Walker** **100053714771**

Street Address (P.O. Box Number is Not Acceptable)
7415-Destin Dr. **09/16/05--01048--001 **300.00**

Suite, Apt. #, Etc.

City State Zip Code
Tampa FL 33619

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 **Sheila W. Walker**
REGISTERED AGENT MUST SIGN

Date **8/19/05**

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
Manager	Sheila W. Walker	909-Stratford Ave. Dr.	Brandon Fla. 33510

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: **Sheila Walker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/05 **813-363-4853**
Date Daytime Phone
620-1379

CR2E081 (01/05)

THE CHILDREN'S LIGHTHOUSE OF LEARNING & DEVELOPMENT

7415 Destin Dr.
Tampa, FL 33619

Phone 813-620-1379
Fax 813-620-1379

September 07, 2005

Dear John,

Subject: Reinstatement

This letter is to inform you that I did not receive a letter stating a non-receipt of the original/second notice for the annual report. Can you please reinstate our corporation?

Thank you,

Sheila Walthour Walker
The Children's Lighthouse Inc.
SWW