

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -8 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000062149

1. Corporation Name

Boca Raton Jewish Learning Center of  
Early Childhood Education Inc

900022886209  
09/09/03--01073--003 \*\*8.75

**REINSTATEMENT** 02-03

2. Principal Office Address

Bonnie S. Jenkins

3. Mailing Office Address

Bonnie S. Jenkins

Suite, Apt. #, etc.

22211 Sands Pointe Dr

Suite, Apt. #, etc.

22211 Sands Pointe Dr

City & State

Boca Raton

City & State

Boca Raton

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

6/22/01

5. FEI Number

65-1114516

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

Bonnie S. Jenkins

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

22211 Sands Pointe Dr

Suite, Apt. #, Etc.

P

City

Boca Raton

State

FL

Zip Code

33433

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

*Bonnie S. Jenkins*

Date

9/4/03

REGISTERED AGENT MUST SIGN

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	Bonnie S. Jenkins	22211 Sands Pointe Dr	Boca Raton FL 33433

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:

*Bonnie S. Jenkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03

Date

561-441-5199

Daytime Phone #

CR2E081 (10/02)

7/9/03