

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 27 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000004025

1. Corporation Name

THE NAVIGATOR LEARNING CENTER, INC.

2. Principal Office Address - No P.O. Box #

607 CELEBRATION AVENUE

3. Mailing Office Address

607 CELEBRATION AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip

34747

Country

US

Zip

34747

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2003

5. FEI Number

113671366

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

ALTHA M. NEILSON

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

607 CELEBRATION AVENUE

Suite, Apt. #, Etc.

City

CELEBRATION

State

FL

Zip Code

34747



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Altha M. Neilson

Date

7/23/07

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/D	ALTHA M. NEILSON	607 CELEBRATION AVENUE	CELEBRATION, FL 34747
T/D	CRAIG PAULSHOCK	611 FRONT STREET	CELEBRATION, FL 34747
V/D	AMY PAULSHOCK	611 FRONT STREET	CELEBRATION, FL 34747
S/D	KENT NEILSON	607 CELEBRATION AVENUE	CELEBRATION, FL 34747
V/D	TAMARA LOISELLE	607 CELEBRATION AVENUE	CELEBRATION, FL 34747
REINSTATEMENT 06-07 300106832063 07/27/07--01059--001 **450.00			

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 contained in Chapter 119, 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:

Amy Paulshock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07

Date

407 566 0332

Daytime Phone #