

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 24 AM 9:23

DOCUMENT # P05000166893

1. Corporation Name

Learning Pieces, Inc.

800178916828
05/24/10--01044--011 **288.75

B 5/27/10

800178916828
04/29/10--01033--003 **775.00

REINSTATEMENT 08-10

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

8351 Barquero Court North

Suite, Apt. #, etc.

City & State

Jacksonville Florida

Zip

32217

Country

USA

3. Mailing Office Address

8351 Barquero Court North

Suite, Apt. #, etc.

City & State

Jacksonville Florida

Zip

32217

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2006

5. FEI Number

20 3994204

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

Adam B. Edgcombe

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

154B Lancaster Terrace

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *04/21/2010*

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

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
<i>P/T/S</i>	<i>Laura C. Sanders</i>	<i>8351 Barquero Court North</i>	<i>Jacksonville Florida 32217</i>

10. E-mail Address: *lauracourtney@me.com*

(To be used for future annual report notification)

11. 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. I further certify, 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:

Laura C Sanders

Laura C. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2010

Date

904.239.2093

Daytime Phone #