

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

09 OCT -1 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000143383

1. Corporation Name

Magnolia Preschool, Inc.

400161001964  
10/02/09--01026--010 \*\*450.00  
400161001964  
09/24/09--01032--001 \*\*8.75

**REINSTATEMENT** 07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 1101 South Magnolia Dr.		3. Mailing Office Address 47 Blue Heron Pt.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Havana, Florida	
Zip 32301	Country USA	Zip 32333	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/14/2006	
5. FEI Number 20-5626669	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Lisa Marie McNeil, (formerly Lisa M. Hughes)			
Street Address (P.O. Box Number is Not Acceptable) 47 Blue Heron Pt.			
Suite, Apt. #, Etc.			
City Havana, Florida		State FL	Zip Code 32333

☒ 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

*Lisa Marie McNeil*  
REGISTERED AGENT MUST SIGN

Date 9/22/09

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
C	John Markham Cody	47 Blue Heron Pt.	Havana, Florida 32333
P	Lisa Marie McNeil	47 Blue Heron Pt.	Havana, Florida 32333

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:

*Lisa Marie McNeil*

Lisa Marie McNeil

9/22/09

(850) 545-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #