

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000146996

1. Corporation Name

ENVIRONMENTS FOR LEARNING, INC

REINSTATEMENT 07-09

000148288670

04/01/09--01002--012 **1050.00

CR2E081 (12/08)

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

92295 OLD STATE ROAD

3. Mailing Office Address

92295 OLD STATE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/06

5. FEI Number
20-5943894

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

SARAH W SMITH

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

92295 OLD STATE ROAD

Suite, Apt. #, Etc.

City

TAVERNIER

State

FL

Zip Code

33070

☐ 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

Date 3/27/09

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	SARAH W SMITH	92295 OLD STATE ROAD	TAVERNIER FL 33070
S	KRISTINA SMITH	92295 OLD STATE ROAD	TAVERNIER FL 33070
T	PATRICK HANSEN	92295 OLD STATE ROAD	TAVERNIER FL 33070

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/09
Date

949 939 0755
Daytime Phone #

DC4/6