

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 AR

DOCUMENT # P09000055186

1. Corporation Name

GORDONS LERNING CENTER, INC

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

312 LAKELAND AVE.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32855

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2010

5. FEI Number

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

VILEE GORDON GRIGGS

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

312 LAKELAND AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32855

☒ 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

Vilee Gordon Griggs

REGISTERED AGENT MUST SIGN

Date

2-28-2010

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	VILEE GORDON GRIGGS	P.O. BOX 555712	ORLANDO FL 32855

10. E-mail Address:

(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:

Vilee GRIGGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vilee Gordon Griggs

Date

2-28/2010 407 294-3200

Daytime Phone #

FILED

10 MAR -4 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

3/2/2010