

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000015034

1. Corporation Name

THE LEARNING TREE DEVELOPMENTAL LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

207 EMERSON DR. NW
PALM BAY FL 32907

207 EMERSON DR. NW
PALM BAY FL 32907

If above addresses are incorrect in any way line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1993

5. FEI Number

59-3198569

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	WHELPLEY, PRISCILLA A	750 VEGA CT., NE 203 ELM AVE	PALM BAY FL 32907 MELBOURNE BEACH FL 32951
DVS	WHELPLEY, CHRISTOPHER D	750 VEGA CT., NE 203 ELM AVE	PALM BAY FL 32907 MELBOURNE BEACH FL 32951

8. Name and Address of Current Registered Agent

~~ROTH, WILLIAM H~~
~~213 MARION STREET~~
~~INDIAN HARBOR BEACH FL 32925~~

9. Name and Address of New Registered Agent

Name
CHRISTOPHER D WHELPLEY
Street Address (P.O. Box Number is Not Acceptable)
203 ELM AVE
Suite, Apt. #, Etc.

City
MELBOURNE BEACH

State
FL

Zip Code
32951

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/27/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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 under section 119.07(3)(i), 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

[Signature] Priscilla A. Whelpley

(407)
4-27-99 984-7923