

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. M. Ham
Secretary of State
DIVISION OF CORPORATIONS

97-99 AR

FILED

99 MAY 24 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038411

1. Corporation Name

The Learning Nest Academy
20432 N.W. 44th Court
Miami, Florida 33055

Principal Place of Business

REINSTATEMENT 97-990

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

4. Date Incorporated or Qualified To Do Business in Florida

1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0419771

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1	2	3	4
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
President	Lodz M. Deetjen	20432 N.W. 44th Court	Miami, FL 33055
Secretary	Luce St. Phard Deetjen	14620 N.E. 5th Ct.	Miami, FL 33161

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lodz DEETJEN
The Learning Nest Academy, Inc.
20432 N.W. 44th Court
Miami, Florida 33055

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. N/A
City

State FL Zip Code

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

Lodz Deetjen
REGISTERED AGENT MUST SIGN

Date

05/20/99

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)(j), 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

Lodz Deetjen

Date

05/20/99

Daytime Phone #

CR2040 (1/98)

6/1/99