

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065099**

1. Corporation Name

SYLVAN LEARNING CENTER OF CARROLLWOOD INC.

Principal Place of Business

Mailing Address

3802 EHRlich ROAD SUITE 204
TAMPA FL 33624

3802 EHRlich ROAD SUITE 204
TAMPA FL 33624



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

09/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3267613

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

8. 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	STACHOW, PAUL	4354 OUTRIGGER LANE	TAMPA FL
ST	STACHOW, JUDY	4206 FAIRWAY RUN	TAMPA FL
D	DAVIS, RONALD	13618 GREENFIELD DR. #203	TAMPA FL
D	GAW, TITO	8404 BLACKSTONE CT.	TAMPA FL
D	GORDON, JANE	5162 TENNIS CT. CIRCLE	TAMPA FL
D	STACHOW, ALICE	4206 FAIRWAY RUN	TAMPA FL

8. Name and Address of Current Registered Agent

STACHOW, JUDY
3802 EHRlich ROAD SUITE 204
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name **REINSTATEMENT**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **400002036934--0**
City **-127247916 and 103750014**
*****375.0FL ***375.00**

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

Judy Stachow
REGISTERED AGENT MUST SIGN

Date **12-17-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Judy Stachow* RE **Judy Stachow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-17-96** Daytime Phone # **813-968-4497**