

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JUN 23 AM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000082486 (9) W97-13507
1. Corporation Name
LEARNING CENTER OF ORMOND BEACH, INC.

Principal Place of Business
362 HAND AVENUE
ORMOND BEACH, FL 32174

Mailing Address
362 HAND AVENUE
ORMOND BEACH FL
32174

REINSTATEMENT

95-97 00

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 Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 11/07/94	Applied For Not Applicable
5. FEI Number 59-3281814	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	WITHERSPOON, BENJAMIN B III	17 LAKE MEADOW WAY	ORMOND BEACH, FL 32174
D	WITHERSPOON, NADINE A	17 LAKE MEADOW WAY	ORMOND BEACH, FL 32174
			7000002221807--0 -06/24/97--01090--002 ****505.00 ****505.00
			7000002221807--0 -06/24/97--01090--003 ****575.00 ****575.00

8. Name and Address of Current Registered Agent

DENISE LINDLEY UPHAM
152 W. GRANADA BLVD.
ORMOND BEACH, FL 32174

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
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: *Denise Upham*
REGISTERED AGENT MUST SIGN

Date: 5/29/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Ben Witherspoon* Ben Witherspoon

Date: 5/29/97

Daytime Phone #