

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

96 SEP 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000053352**

1. Corporation Name

STEPPING STONES LEARNING CENTER OF COCONUT CREEK, INC.

Principal Place of Business

Mailing Address

3720 COCONUT CREEK PARKWAY BUILDING B
STE J
COCONUT CREEK FL 33066

3720 COCONUT CREEK PARKWAY BUILDING B
STE J
COCONUT CREEK FL 33066

600001973756--2
-10/15/96--01073--008
****200.00 ****200.00



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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

\$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D.	VALENTINO, ELIZABETH E	3720 COCONUT CREEK PARKWAY BLDG	COCONUT CREEK FL 33066
D.	LORBER, CHRISTINE Z	3720 COCONUT CREEK PARKWAY BLDG	COCONUT CREEK FL 33066

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALENTINO, ELIZABETH E
3720 COCONUT CREEK PARKWAY BUILDING B
STE J
COCONUT CREEK FL 33066

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

Elizabeth E. Valentino
REGISTERED AGENT MUST SIGN

Date

Sept. 24, 1996

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:

Christine Z. Lyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 24, 1996 945-978-8022
Date Daytime Phone #

CR2E040 (7/96)