

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 # P95000057607**

1. Corporation Name

**LOIS'S LEARNING CENTER, INC.**

Principal Place of Business

718 W. MICHIGAN STREET  
ORLANDO FL 32805

Mailing Address

4942 CENTER LANE  
ORLANDO FL 32808

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 94**



4. Date Incorporated or Qualified To Do Business in Florida

07/26/1995

5. FEI Number

59-3329062

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)

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
PT VS	WASHINGTON, ESTHER L	718 W. MICHIGAN STREET	ORLANDO FL 32805
VS	WASHINGTON, WILLIE L	718 W. MICHIGAN STREET	ORLANDO FL 32805

500002715345--6  
-12/18/98--01008--003  
\*\*\*\*750.00 \*\*\*\*750.00

12/14

8. Name and Address of Current Registered Agent

WASHINGTON, ESTHER L  
1345 WEST KALEY STREET  
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name: *Esther L. Washington*  
Street Address (P.O. Box Number is Not Acceptable): *718 West Michigan Street*  
Suite, Apt. #, Etc.:  
City: *Orlando* State: **FL** Zip Code: **32805**

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

*Esther L. Washington*  
**REGISTERED AGENT MUST SIGN**

Date

*12/08/98*

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)(f), 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:

*Esther L. Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12/08/98*

Daytime Phone #

*407-316-8555*

CR2E040 (9/98)