

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA000009151
1. Corporation Name **SNUGGY S PLAYHOUSE & LEARNING
CENTER, INC.**

2. Principal Office Address
1788 Blue Jay Drive
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 548
Suite, Apt. #, etc.

City & State
Middleburg, FL
Zip Country
32068 USA

City & State
Middleburg, FL
Zip Country
32050 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **12/06/96**

5. FEI Number **59 3410043**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOANNA L. ELY FOLSOM

Street Address (P.O. Box Number is Not Acceptable)
1788 Blue Jay Drive

Suite, Apt. #, Etc.

City
Middleburg

500003496495-2
12/12/00 01025 001
******750.00 ****750.00**

State Zip Code
FL 32068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent *Joanna L. Ely Folsom*
REGISTERED AGENT MUST SIGN

Date **11-30-00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JoAnna L. Ely-Folsom	P.O. Box 548 1788 Blue JAY Drive	Middleburg, FL 32050 Middleburg, FL 32068

10. 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: *Joanna L. Ely Folsom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-30-00 (904) 291-2080

KE