

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056691

1. Corporation Name

THE JOY OF LEARNING ACADEMY, INC.

Principal Place of Business

2990 NW 43RD AVE
LAUDERDALE LAKES FL 33313
US

Mailing Address

2990 NW 43RD AVE
LAUDERDALE LAKES FL 33313
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1997

5. FEI Number

65-0777194

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	4 City / State / Zip
PT	PHILLIPS, MARLEEN J	4100 S 36TH ST	ARLINGTON VA 22206
VPS	HUTCHINSON, PATRICIA	8251 SW 6TH COURT	N LAUDERDALE FL 33068

6000008697476
10/30/02--01050--001 **150.00

8. Name and Address of Current Registered Agent

HUTCHINSON, PATRICIA
8251 SW 6TH COURT
N. LAUDERDALE FL 33068

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. or 617.0505, F.S.

Signature of
Registered Agent

Patricia Hutchinson
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

Patricia Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPS

Date

10/25/02

Daytime Phone #

CR2E040 (8/02)

Creative Bright Beginnings

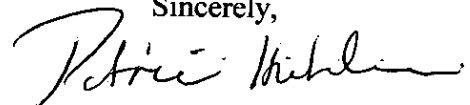
2990 NW 43rd. Avenue ~ Lauderdale Lakes ~ FL 33313
Phone (954) 731-3197 ~ Fax (954) 731-2355
The Joy of Learning Academy

October 28, 2002

To Whom It May Concern:

I am the Vice President of the Joy Of Learning Academy. I certify that I did not receive the two prior UBR reports. I am enclosing the Application for Reinstatement along with the fee of \$150.00.

Sincerely,



Patricia Hutchinson
Vice President