

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000073185**

1. Corporation Name

**BEANIE BOPPERS LEARNING & DEVELOPMENT CENTER, INC.**

Principal Place of Business

Mailing Address

5802 MEMPHIS AVE  
PENSACOLA FL 32526

5802 MEMPHIS AVE  
PENSACOLA FL 32526



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

08/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3527086

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	GOLTZ, EILEEN	1200 LA PAZ STREET	PENSACOLA FL 32582

700023924577  
10/20/03--0100R--009 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLTZ, EILEEN  
1200 LN PAZ ST  
PENSACOLA FL 32506

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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:

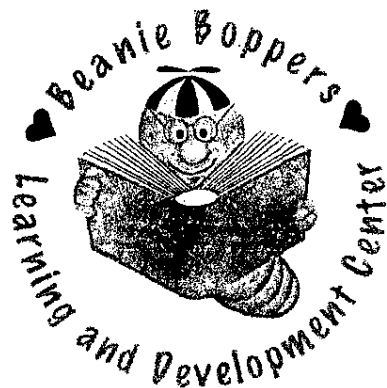
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.15.02

CR2E040 (7/03)



5802 Memphis Ave  
Pensacola FL.  
32526  
(850) 941-8908

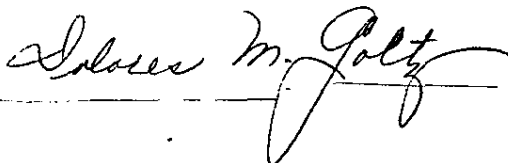
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To whom it may concern ,

I am writing for a reinstatement fee waiver due to the fact  
we never received any prior uniform business report notices.  
I am sending the \$150.00 due with the first and only application  
we have. sorry for any inconvenience and thank you for your time.

Sincerely,

  
Craig Goldz

  
Andrew M. Goltz