

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 10:50

DOCUMENT # P98000088905

1. Corporation Name

LITTLE PEPPERS LEARNING CENTER, INC.

Principal Place of Business

1318 N.W. 70TH STREET
MIAMI FL 33147

Mailing Address

1318 N.W. 70TH STREET
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1998

5. FEI Number

65-0998521

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COVERSDON, GWEN	19320 N.W. 8TH STREET	PEMBROKE PINES FL 33029
VD	PHILLIPS, PHYLLIS	6315 N.W. 22ND COURT	MIAMI FL 33147
SD	ALVIN, KALONDA	6315 N.W. 22ND COURT	MIAMI FL 33147
TD	MARTIN, MARILYN	1318 NW 70 ST	MIAMI FL 33147

3000004649889--6
-10/23/01--01045--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARTIN, MARILYN
1318 N.W. 70TH STREET
MIAMI FL 33147

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-10-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01

Date

Daytime Phone #

305 696 4066

CR20040 (8/01)