

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN -6 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

THC Learning Center of Anthony  
P99000006525

2. Principal Office Address

9355 NE Jacksonville Rd  
Suite, Apt. #, etc.

3. Mailing Office Address

same  
Suite, Apt. #, etc.

City & State

Anthony FL

City & State

Anthony FL

Zip Country

32617 Marion/USA

Zip Country

32617 Marion/USA

**REINSTATEMENT** 00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0889006

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

Virginia dela Torrente

Street Address (P.O. Box Number is Not Acceptable)

9901 NE 36 Ave

Suite, Apt. #, Etc.

City

Anthony

State

FL

Zip Code

32617

900005863559-1

-06/19/02--01063--003

\*\*\*1050.00 \*\*\*1050.00

PO Box 97

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

Virginia dela Torrente

REGISTERED AGENT MUST SIGN

Date 6/4/02

9. Names and Street 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
Pres	Virginia dela Torrente	9901 NE 36 Ave	Anthony FL 32617
VP	Frederick Schmid Jr	"	" "

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:

Virginia dela Torrente

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)