

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 6:56

DOCUMENT # **P99000071191**

1. Corporation Name

LITTLE WIZARD ACADEMY, INC.

2. Principal Office Address

2895 SE 2nd ST

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33435

Country

3. Mailing Office Address

2895 SE 2nd ST

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33435

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/1999

5. FEI Number

65-0939852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **01**

7. Name and Address of Current Registered Agent

Name

GLORIA MERCADO

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

1735 C FOREST LAKES CIR.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

200004705392-9

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******750.00 ****750.00**

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 **x Gloria Mercado**

REGISTERED AGENT MUST SIGN

Date **11/13/01**

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
PSD	GLORIA MERCADO	1735 C. FOREST LAKES CIR.	WEST PALM BEACH FL 33406
VP	LOIS BLOOM	5340 EAGLE LAKE DR.	PALM BEACH FL 33418

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:

x Gloria Mercado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/01

Date

561-732-8291

Daytime Phone #