

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 10 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073230

1. Corporation Name

Palm Beach Learning Center, Inc.

2. Principal Office Address

12230 Forest Hill Blvd

Suite, Apt. #, etc.

300

City & State

Wellington, FL

Zip

33414

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/17/99

5. FEI Number

65-0947343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400015559254  
04/09/03--01061--028 \*\*600.00

**7. Name and Address of Current Registered Agent**

Name

Gail L. Halpern

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

8891 Brittany Lakes Dr

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

Gail L. Halpern

REGISTERED AGENT MUST SIGN

Date

3/18/03

**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	Gail L. Halpern	8891 Brittany Lakes Dr	Boynton, FL 33437
V.P.	Sara Hyams	9813 Lago Dr.	Boynton, FL 33437
Treas.	David Hyams	" " "	" " "
Sec'y	Gail L. Halpern	8891 Brittany Lakes Dr.	Boynton, FL 33437

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:

Gail L. Halpern / Gail L. Halpern

3/18/03

(571) 364-9032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/4/10

**Gail Lilien Halpern**  
**8891 Brittany Lakes Drive**  
**Boynton Beach, FL 33437**  
**(561) 364-9032**  
**(561) 364-0611 Fax**

**Florida Dept. of State**  
**Division of Corporations**

**March 31, 2003**

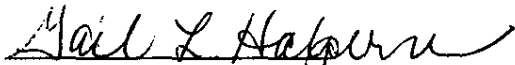
**Enclosed please find the completed Corporation Reinstatement form and a check made out to the Department of State for the sum of \$600.00.**

**The Palm Beach Learning Center, Inc. had been formed in 1999 and was dissolved shortly thereafter and no uniformed business reports were filed.**

**As per my conversation last week with a member of your department, the penalty fees would be waived and that the corporation can be reinstated for the \$600.00, covering the \$150.00 annual fee for 2000, 2001, 2002, and 2003.**

**I would appreciate your taking the necessary steps to amend the status of the Palm Beach Learning Center, Inc. from inactive to Active.**

**Thank you for taking care of this matter for me.**

  
**Gail L. Halpern, President**