

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095406

1. Corporation Name

SCHOOLHOUSE, INC.

Principal Place of Business

2438 A-Z PARK RD.
LAKELAND FL 33801

Mailing Address

2438 A-Z PARK RD.
LAKELAND FL 33801

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

10/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3605947

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

WREE, JANE

5877 WINDWOOD DR.

LAKELAND FL 33813

S

WREE, RICHARD

2438 A-Z PARK RD.

LAKELAND FL 33801

800008708918
10/30/02--01116--005 **150.00

8. Name and Address of Current Registered Agent

WREE, JANE M
5877 WINDWOOD DRIVE
LAKELAND FL 33813

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

CR2E040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

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 #

October 24, 2002

Schoolhouse, Inc.

2438 A-Z Park Rd.

Lakeland, FL 33801

EIN # 59-3605947

Document # P99000095406

Florida Department of State

Annual Report/Reinstatement Section

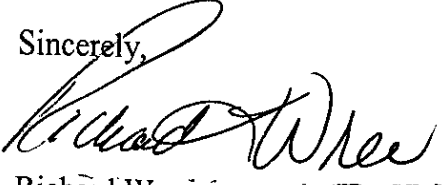
PO Box 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

Please abate any penalties for reinstating our corporation. I did not receive any notification for renewal prior to the attached Application for Reinstatement. I have enclosed a check for the normal annual fee. Your help in resolving this matter is very much appreciated.

Sincerely,


Richard Wree
Secretary

10/25/02