

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 29 AM 11:15

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P990000097444

1. Corporation Name

Building Blocks II Learning  
Center of Palm Beach County, INC.

2. Principal Office Address

4600 Purdy lane  
Suite, Apt. #, etc.

3. Mailing Office Address

4600 Purdy lane  
Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

W.P.B. FL

Zip

Country

33415

Palm Beach

Zip

Country

33415

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

11-4-1999

5. FEI Number

65-0959303

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

Maria Drennen

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

6639 Marble Tree Lane 900072724219

Suite, Apt. #, Etc.

City

Lake Worth

State  
FL

Zip Code

33467

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

*Maria Drennen*

REGISTERED AGENT MUST SIGN

Date 3-10-06

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	Maria Drennen	6639 Marble Tree Lane	Lake Worth 33467
TREP	Jeffrey Drennen	6639 Marble Tree Lane	Lake Worth 33467
DIR	Dierra Bonea	4607 Appaloosa Str.	W.P.B. FL 33417

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 contained in Chapter 119, 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:

*Maria Drennen*

MARIA DRENNEN

Date

3-10-06

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0900  
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