

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V31874**

1. Corporation Name

THE LEARNING CENTER FOR CHILDREN, INC.

Principal Place of Business

12578 PINES BLVD
PEMBROKE PINES FL 33027
US

Mailing Address

12578 PINES BLVD
PEMBROKE PINES FL 33027
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1992

5. FEI Number

65-0337114

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	FISH, MARILYN	16613 GOLFVIEW DRIVE	FT LAUDERDALE FL
VPS	DELISLE, BRENDA	12578 PINES BLVD	PEMBROKE PINES FL

400023765374
10/13/03--01098--009 **150.00

8. Name and Address of Current Registered Agent

TATUM, THOMAS R
200 E. LAS OLAS BLVD.
~~STE 1100~~
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 1900

City

State
FL

Zip Code

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/03

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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

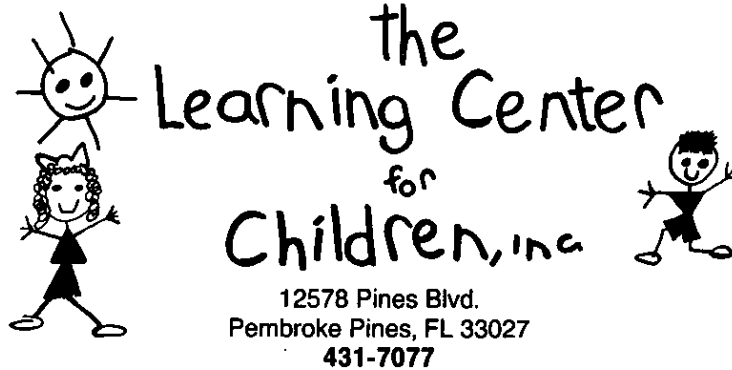
Date

10/27/03

Daytime Phone #

954 431 7077

CR2E040 (7/03)



October 21, 2003

Florida Department of State
Justin M Shivers
Document Specialist

Ref. Number V31874

Mr. Shivers,

Enclosed please find the application for reinstatement along with a copy of your letter. We did not receive the annual report form for 2003. We were not aware our corporation had been dissolved. We mailed \$150.00 with the application. However we failed to have our registered agent sign the application.

I am asking you to please waive the additional reinstatement fee of \$750.00.

In the future we will look for the post card January 2004 to expedite filing of our Annual Report.

Your assistance is appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Mrs. Brenda DeLisle".

Mrs. Brenda DeLisle
Vice President