PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 11 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28597

1. Corporation Name

Center For Leadership Development

200005326502--9
-04/23/02--01045--031
****300.00 ****300.00

2. Principal Office Address	**3.** Mailing Office Address
8811NW 21st Court	P.O. Box 9003
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs	City & State: Coral Springs, Florida
Zip: 33071 Country: USA	Zip: 33075 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1980 Fict. Name only 1988 Incorporated

5. FEI Number: 65-0070856 ☐ 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: Joan Villa

Street Address (P.O. Box Number is Not Acceptable): 8811NW 21st Court

Suite, Apt. #, Etc.:

City: Coral Springs State: FL Zip Code: 33071

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: Joan Villa
REGISTERED AGENT MUST SIGN

Date: 4-8-2002

CR2E081 (9/01)

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
Pres	Joan Villa	8811 NW 21st Ct.	Coral Springs FL 33071

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: Joan Villa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2002
Date

954-977-6728
Daytime Phone #

JS 4/22/02

CENTER
FOR
LEADERSHIP
DEVELOPMENT

April 8, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I did not receive a reporting form in 2001. I contacted the Department of State approximately 2 weeks ago and was told that it was mailed and returned to you undeliverable. My address had changed in 2001, you were notified, however, the reporting form was still sent to the wrong address. I was told that I would not be penalized due to this error on your part and that my reinstatement fee would simply be the regular corporate fee from last years reporting period and the corporate fee for 2002. I've enclosed a check in the amount of $300.00 to reinstate my corporation, the Center For Leadership Development. I thank you in advance for taking care of this for me.

Sincerely yours,

Joan Villa
President

P.O. Box 9003
Coral Springs, Florida 33075
Ph: 954-977-6728 Fax: 954-341-0269
Email: CtrLeadershipDev@msn.com