PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 MAY -7 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/12--01005--002 **122.50

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CR2E081 (11/10)

DOCUMENT # N10000002916

1. Corporation Name
RISE INSTITUTE, INC.
N10000002916

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1375 Cross Creek Circle	3097 Galimore Drive
Suite, Apt #, etc.	Suite, Apt. #, etc
Tallahassee, FL	Tallahassee, FL
Zip 32301 Country U.S.	Zip 32305 Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida 3/23/10

5. FEI Number 80-0676667 ☐ 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: Tamika Jenkins
Street Address (P.O Box Number is Not Acceptable): 3097 Galimore Drive
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32305

REINSTATEMENT 11-12

MAY -7 2012

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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: Tamika Jenkins Date: 4/26/12
REGISTERED AGENT MUST SIGN

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
PCEO	Tamika Jenkins	3097 Galimore Drive	Tallahassee, FL 32305
D	Daniel Laing	1709 Quazar Road	Tallahassee, FL 32311
VP	Erika Locke-Williams	407 South Mangonia Circle	West Palm Beach, FL 33401
	REI. FEE waived due to clerical error entering email address. BOZ 5/7/12		

10. **E-mail Address:** riseinstitute@yahoo.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Tamika Jenkins 4/26/12 (850)309-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #