PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY -7 PM 1:53

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19176

1. Corporation Name: Oakcrest Early Education Center, Inc

700037791247
06/09/04--01019--010 **428.75
01-04

2. Principal Office Address	3. Mailing Office Address
1606 NE 22AVE	1606 NE 22 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State: Ocala Fl
Zip: 34470 Country: USA Marion	Zip: 34470 Country: Marion

4. Date Incorporated or Qualified To Do Business in Florida: 3/1/86

5. FEI Number: 59-2720718 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jo Ann Jones

Street Address (P.O. Box Number is Not Acceptable): 7620 NE Jacksonville Rd

Suite, Apt. #, Etc.:

City: Ocala State: FL Zip Code: 34479

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: Jo Ann Jones Date: 5/7/04
REGISTERED AGENT MUST SIGN

CR2E081 (05/04)

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	Jo Ann Jones	7620 NE Jax Rd	Ocala, Fl 34479
V Pres	Milton F Jones	7620 NE Jax Rd	Ocala Fl 34479
Sec/Tres	Yuette Mullins	1275 NE 71 Lane	Ocala Fl 34479

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: Jo Ann Jones Jo Ann Jones 5/7/04 352-622-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #