PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ₽. FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

P01000042927 DOCUMENT

SIGNATURE:

^ي	PLICATIONPOR STATEMENT		Glenda E. H Secretary of S VISION OF CORPO	OF STATE ood State ' RATIONS		FILED	0	
DOCUMENT # P01000042927 1. Corporation Name					OSDEC 19 PH 2: 10 OSDEC 19 PH 2: 10 SECRETASSEE FLORIDA NSTATELANT OS			
IT'S A	SMALL WORLD LEAR	NING CEN	ITER V, INC	. RE	INSTA	ECRE ASSET	, , 50	
Principal P	lace of Business	ess	ss			<i>U</i> \$		
SUITE 234 MIAMI FL 3		SUITE 234 MIAMI FL 331				800024716568 11/14/0301077025 **150.00		
New Principal Office Address, If Applicable			ing Office Address, If Applicable 4. Date In		Date Incorp To Do Busi	corporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. # City & State City & State			ot. #, etc.		5. FEI Number 30 -046/106 Applied For			
			Count		6		Not Applicable \$8.75 Additional Fee required	
Zip					CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names	and Street Addresses of Each Officer ar Name of Officers	nd/or Director (Flo		ations must list at lear				
Title(s) 1	itle(s) and/or Directors			Officer and/or Director			City / State / Zip	
PT	QUINTANA, MARLENE 4810 S			IO SW 198 TR		FORT LAUDERDALE FL 33332		
SV	SALAS, GISELA	4839 SW 148 AVE #410			FORT LAUDERDALE FL 33330			
	R. Name and Address of Curren	nt Pagintared Age		1	Q Name and	Address of New Registers	od Agent	
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
LOPEZ, PETER M 2450 SOUTHWEST 137TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 234				Suite, Apt. #, Etc.				
MIAMI FL 33175				City State Zip Code				
Signature of Registered	Agent / / / / / /	REGISTERED AG	ENT MUST SIGN			Date	γ3	
	that I am an officer or director or the led							

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Peter M. Lopez, P.A.

2450 Southwest 137th Avenue • Suite 234 • Miami, Florida 33175

Phone: 305-553-8020 Facsimile: 305-226-3740 E-Mail: PMLopezPA@aol.com

> Florida Department of State Glenda E. Hood Secretary of State Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314

RE: It's a Small World Learning Center V, Inc.,

Document Number P01000042927

Corporate Renewal

To Whom It May Concern:

We are in receipt of your notice administratively dissolving the above referenced corporation. Please be advised that we had not received the notice advising us that the corporation had not paid its annual fees. It was our understanding that the notice was sent directly to our client and therefore, we assumed it had been renewed directly by our client.

Enclosed you will find our check no. 2060 in the amount of \$150.00 which represents the annual renewal fee for 2003. Please provide us with the courtesy of renewing the corporation for this misunderstanding.

A provided the Control of the Contro

Very truly yours; -

M. LOPEZ, P.A.