PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 19 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100109656541
09/19/07--01040--011 **200.00

100109656541
09/19/07--01040--012 **400.00
REINSTATEMENT 04-07

DOCUMENT # P01000094354

1. Corporation Name

LEARNING COACH CORP.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
12596 SW 88 STREET		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 102			
City & State		City & State	
Miami, FL			
Zip	Country	Zip	Country
33186	USA		

4. Date Incorporated or Qualified To Do Business in Florida: 9/26/2001

5. FEI Number: 651145550 ☑ 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: OLGA SANTIAGO

Street Address (P.O. Box Number is Not Acceptable): 3599 NE 11 DRIVE

Suite, Apt. #, Etc.:

City: HOMESTEAD | State: FL | Zip Code: 33033

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 9-14-07
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
SEC	DAVID HAUSMAN	2370 NE 213 TERRACE	MIAMI, FL 33180
CEO	OLGA SANTIAGO	3599 NE 11 DRIVE	HOMESTEAD, FL 33033

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 contained in Chapter 119, 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: Olga Santiago 9-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #