

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1032

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109599

1. Corporation Name

A SMALL WORLD LEARNING CENTER IV, INC.

Principal Place of Business

Mailing Address

850 EAST 25 STREET  
HIALEAH FL 33013

850 EAST 25 STREET  
HIALEAH FL 33013

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

840 E 25 ST.

3. New Mailing Office Address, If Applicable

840 E 25 ST.

4. Date Incorporated or Qualified To Do Business in Florida

11/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1153531

Applied For

Not Applicable

City & State  
Hialeah FL

City & State  
Hialeah FL

Zip  
33013

Country  
USA

Zip  
33013

Country  
USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LIERMO, EDUARDO	850 EAST 25 STREET	HIALEAH FL 33013
D	QUINTANA, ROSA M	850 EAST 25 STREET	HIALEAH FL 33013
D	FABREGAS, AYLET	850 EAST 25 STREET	HIALEAH FL 33013

8. Name and Address of Current Registered Agent

LOPEZ, PETER M P.A.  
2450 SW 137TH AVENUE, SUITE 221  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name: ROSA M. QUINTANA  
Street Address (P.O. Box Numbers Not Acceptable): 840 E 25 ST.  
Suite, Apt. #, Etc.:  
City: Hialeah  
State: FL  
Zip Code: 33013

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date: 10/30/02

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., 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/30/02  
Daytime Phone #: 786 3182020

CR2E040 (8/02)

**A Small World Learning  
Center IV**

840 E. 25<sup>th</sup> St.  
Hialeah, Fl 33013

282

October 30, 2002

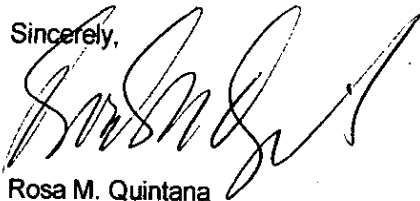
Uniform Business Report  
P.O.Box 1500  
Tallahassee, Fl 32302-1500

To whom it may concern:

Enclosed you will find copy of filling sent to you on July 8, 2002 which we received late due to the incorrect address. We never received any other correspondence. We have checked with our bank and the check was never presented. Please make the necessary corrections.

Thanking you in advance and should you have any questions please do not hesitate to call at (786) 318-2020.

Sincerely,



Rosa M. Quintana  
Vice President