

PLEASE READ ALL INSTRUCTIONS

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV 22 AM 8:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000080089**
 1. Corporation Name
A Higher Learning Inc.

Principal Place of Business Mailing Address
11300 NW 87 Ct.
Hialeah Gardens, Fl. 33018
Happy start child care + kindergarten
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable N/A	3. New Mailing Office Address, if Applicable N/A	4. Date Incorporated or Qualified To Do Business in Florida 10/9/1998
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A	5. FEI Number 65-0867241
City & State N/A	City & State N/A	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip N/A	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P. President	Katrina Gonzalez	16255 NW 47 Ave	opa locka Fl. 33054
V.P. President	Xiomara Gonzalez	3200 S.W. 16th	Ft. Lauderdale Fl.
			900003063489--4 -12/07/99--01082--008 ****750.00 ****750.00

REINSTATEMENT *[Signature]*

8. Name and Address of Current Registered Agent Katrina Gonzalez 16255 NW 47 Ave. opa locka Fl. 33054	9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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.
 Signature of Registered Agent *[Signature]* Date **11/12/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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]* **Katrina Gonzalez** 11/12/99 (305)823 8670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)