

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 5:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000080089**

1. Corporation Name  
**A HIGHER LEARNING INC.**

Principal Place of Business 11300 N.W. 87TH COURT HIALEAH GARDENS FL 33018	Mailing Address 11300 N.W. 87TH COURT HIALEAH GARDENS FL 33018
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>09/16/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0867241</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GONZALEZ, KATRINA	16255 NW 47 AVE.	OPA LOCKA FL 33054
V	GONZALEZ, XIOMARA	3200 S.W. 16 CT.	FORT LAUDERDALE FL

200008733132  
 10/31/02--01101--001 \*\*150.00

8. Name and Address of Current Registered Agent GONZALEZ, KATRINA 16255 NW 47 AVE. OPA LOCKA FL 33054		9. Name and Address of New Registered Agent Name <b>Happy Start Child Care</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 NW 87 CT SUITE 125</b> Suite, Apt. #, Etc. <b>125</b> City <b>Hialeah Gardens</b> State <b>FL</b> Zip Code <b>33018</b>	
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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. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 10-27-02

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 REQUIRED** Gonzalez 10/27/02 (305)8238610  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/02)

**HAPPY START CHILD CARE & KINDERGARTEN**

11300 NW 87 COURT. 125 BAY HIALEAH GARDENS, FL. 33018

PHONE (305) 823-8670

FAX (305)823-6322

October, 28, 2002

To Whom it May Concern,

I have just received a notice that as of October 4, 2002 the corporation A higher learning was dissolved we had sent our payment in the sum of \$150.00. The check was not able to get cashed due to insufficient funds, but we never received any letters stating that it was cashed. I spoke to with Jula who said to write a letter and send a new check in the amount of \$150.00. If you have any questions please contact me at (305) 823-8670.

Thank You

Katrina Gonzalez