PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE APPLICATION CA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1997 JAN 10 AH 10: 14 DOCUMENT # Nan818 SECRETARY OF STATE 1. Corporation Name TALLAHASSEE, FLÓRIDA One Room School House, Inc. Principal Place of Business Mailing Address 8th Street West 959513---97--01086--011 Same Bradenton, FL 34205 ****420.00 ****420.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable Ses above Suite, Apt. #, etc. new add Suite, Apt. #, etc. 5. FEI Number Applied For 59-236530Z City & State City & State Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) 105 4th Street South Noranne B. Hotcheson Bradenton Boh, FC 34217 anor Brennor 1834 Julianey Or WINTERPAUL F132789 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name William Hotcheson Street Address (P.O. Box Number is Not Acceptable) William Herrman 105 4th Street Sout 7523 Aloma Ave Goldenrod, FL 32733 State Zip Code FL 3421 10. It 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 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes ____ made Chmap per concressortion 1/13/97 w/m. Hatcheson.

The hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, to 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR