| Entity Name: IT TAKES A VILLAGE ACADEMY OF EXCELLENCE, INC | | | Secretary of State 9806822603CR | |
|--|--|------------------------|---|------------|
| Current Prir 12128 NW 2ND NORTH MIAMI, | | | 900022 | 2003CK |
| Current Mai | ling Address: | | | |
| 12128 NW 2 NORTH MIA | ND AVE MI, FL 33168 | | | |
| FEI Number: 84-4954664 Certificate of Status I | | | Certificate of Status Desi | ired: No |
| Name and A | ddress of Current Registered Agent: | | | |
| SHAW, ASHLE' 12128 NW 2ND NORTH MIAMI, | AVE | stered office or reais | tered agent, or both, in the State of Flo | rida |
| SIGNATURE: ASHLEY SHAW | | | | 01/09/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| | | | | |
| Title | DPT | Title | VS | |
| Title Name | DPT SHAW, ASHLEY | Title Name | VS SHAW, BOBBIE | |
| | | | - | |
| Name Address | SHAW, ASHLEY | Name | SHAW, BOBBIE 12128 NW 2ND AVE | |

2024 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P20000026656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DPT

SIGNATURE: ASHLEY SHAW

Electronic Signature of Signing Officer/Director Detail

01/09/2024

Date

FILED Jan 09, 2024 Secretary of State 9806822603CR