

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 NOV 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 422886

1. Corporation Name

Mahan Pre School Center, Inc.

[Handwritten mark]

000187968210
11/19/10--01019--011 **750.00

CR2R081 (6/10)

2. Principal Office Address - No P.O. Box #

1726 Mahan Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Tall., FL

City & State

Zip

32308

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-73

5. FEI Number

59-144-9987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Brandee Whittfield

Street Address (P.O. Box Number is Not Acceptable)

1726 Mahan Drive

Suite, Apt. #, Etc.

City Tall., FL

State

FL

Zip Code

32308

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date 11-19-10

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	Brandee Whittfield	1726 Mahan Dr.	Tall., FL 32308
D	Laura Smith	1726 Mahan Dr.	Tall., FL 32308

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

[Handwritten Signature]

11-19-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #