

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 31 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 471391

1. Corporation Name

LERN CORPORATION

Principal Office Address

147 South Broad Street

Suite, Apt. #, etc.

3. Mailing Office Address

147 South Broad Street

Suite, Apt. #, etc.

City & State

Grove City, PA

City & State

Grove City, PA

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/1975

5. FEI Number

25-1193050

Applied For

Not Applicable

Zip

16127

Country

USA

Zip

16127

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT 82-0011TS

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date July 28, 2000

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
/D	Rodger B. Lindh	100 Forta Drive	Grove City, PA 16127
D	John B. Lindh	"	2700003350372--1 -08/09/00--01015--016
D	Eric R. Lindh	"	***2562.50 ***2562.50
D	Lauren E. Lindh	"	"

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauren E. Lindh,

Director July

Date

, 2000 412-566-2456

Daytime Phone #

CFR2081 (9/99)