


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F04000000125**

1. Corporation Name
Alphasmart, Inc.

2. Principal Office Address
2911 Peach Street
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 8036
Suite, Apt. #, etc.

City & State
Wisconsin Rapids, WI

City & State
Wisconsin Rapids, WI

Zip
54495 Country
Wood

Zip
54495 Country
Wood

FILED
06 OCT 17 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
0504
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **January 8, 2004**

5. FEI Number **770298384** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SS 75 Additional Fee requires for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am **Paul Geran** at the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent **Janet Berklin** **Special Asst. Secretary** Date **10/16/06**

REGISTERED AGENT MUST SIGN

8. Name 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
Chairman	Judith A. Paul	2911 Peach Street	Wisconsin Rapids, WI 54495
CEO	Terrance D. Paul	2911 Peach Street	Wisconsin Rapids, WI 54495
Secretary	Mary T. Minch	2911 Peach Street	Wisconsin Rapids, WI 54495
President	Steven A. Schmidt	2911 Peach Street	Wisconsin Rapids, WI 54495
Director	Terrance D. Paul	2911 Peach Street	Wisconsin Rapids, WI 54495
Director	John H. Grunewald	2911 Peach Street	Wisconsin Rapids, WI 54495

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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: **Mary T Minch** Date **10/16/06** Daytime Phone # **(715) 424-3636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FD-010 - 01/04/2006 CT System - Online

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ALPHASMART, INC.

Certificate of Status	0
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