

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FD5000002841

1. Corporation Name

Teaching Strategies, Inc

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

7101 Wisconsin Ave

Suite, Apt. #, etc.

700

City & State

Bethesda, MD

Zip

20814

Country

USA

3. Mailing Office Address

7101 Wisconsin Ave

Suite, Apt. #, etc.

700

City & State

Bethesda, MD

Zip

20814

Country

USA

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite # 4

City

Weston

State

FL

Zip Code

33331

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.

NRAI Services, Inc.

Signature of

Registered Agent

by: Lindsey Klemencic

REGISTERED AGENT MUST SIGN

Date 08/12/2008

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
P	Diane Dodge	7101 Wisconsin Ave- suite 700	Bethesda, MD 20814
C	Grant Davies	7101 Wisconsin Ave-suite 700	Bethesda, MD 20814
V	Philip Keren	7101 Wisconsin Ave-suite 700	Bethesda, MD 20814

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 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 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:

Philip D. Keren Ph. l. p D. Keren, CFU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/2008 (301) 634-0845
Daytime Phone #

FILED

2008 AUG 13 AM 9: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300134434183
08/13/08--01026--012 **1058.75

JD 8-19

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida 1988

5. FEI Number
52-1608039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.