PLEASE READ	ALL INSTRUCTIONS	BEFORE COM	IPLETING THIS FO	ORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF	ALL APPI' EE ' SIATS
DOCUMENT # F14799 1 Corporation Name Hudle++ Day School + Summer Comp Fuc.			SECRETARY OF STATE 395 DIVISION OF CORPORATIONS 99 NOV -3 AM 9: 35	
Principal Place of Business 1900 SW YAVE Fort Lauderdale FL 33315 Same			6000030469468 -11/17/9901017030 ***2400.00 ***2350.00 83-77	
Il above all desses the incode tin and way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 2.44 Wes + Cark Drive 3. New Mailing Office Address, if Applicable 2.44 Wes + Cark Drive			4. Date Incorporated or Qualified ///-//8/	
Suite, Api. #, etc. Sity & State Forthauderdale FL	Suite, Apt. #, etc. City & State		FEI Number 19-20772/0	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/	S	rations must list at least 3 di	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
President Jeff Hudle	3 (Do NOT L	officer and/or Director Use Post Office Box Numbe		derdale FL 33315
				
8. Name and Address of Current Registered Agent Martell, David C 1933 L. Atlantie Bluel, Pour paus Beach FL (1982) City Fort Lander Cale 8. Name and Address of New Registered Agent Name Jeff Hudlett Sirest Address (P.O. Boyr) umber is NA Acceptable) Suite, Apt. #, Etc. City Fort Lander Cale State Zip Code FL 333315				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes I No (See other side for information on intangible tax.)				
12. 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CO. C.) COLON # Date Daytime Phone #				