

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04

600029333196
02/25/04--01008--014 **420.00

4. Date Incorporated or Qualified To Do Business in Florida 12/22/93

5. FEI Number 59-2031425 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W04-7953

DOCUMENT # F93000005821

1. Corporation Name
American Society of Humanistic Education, Inc.

2. Principal Office Address
125 S. Swoope Ave.
Suite, Apt. #, etc. #109
City & State Maitland, FL
Zip 32751 Country US

3. Mailing Office Address
125 S. Swoope Ave.
Suite, Apt. #, etc. #109
City & State Maitland, FL
Zip 32751 Country US

7. Name and Address of Current Registered Agent

Name George Von Hilsheimer

Street Address (P.O. Box Number is Not Acceptable) 125 S. Swoope Ave.
Suite, Apt. #, Etc. #109
City Maitland, FL 32751
State FL Zip Code 32751

600029333196
03/23/04--01095--001 **61.25

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 *George Von Hilsheimer* Date 2/15/04
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
PRES.	JONNIE MAE WARNER	160 W. TROTTERS DR.	Maitland, FL 32751
V. PRES.	WILLIAM SCORRELL	325 Michigan Ave	Deland, FL 32724
Sec. Treas.	GREG GILL	140 Lincoln Rd.	Deland, FL 32724
D	Dennis Warner	1616 Oranole Rd	Maitland, FL 32751
D	George Von Hilsheimer	160 W. TROTTERS DR	Maitland, FL 32751
D	Derek Warner	2006 Lochbenny Rd	Winter Park, FL 32789

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 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: *Jonnice Mae Warner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/15/04 Daytime Phone # 407.660.2098

CR2E091 (10/02)