


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
00 DEC -7 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004435

1. Corporation Name
Aspect Education, Inc.

2. Principal Office Address <u>One West Victoria St.</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>One West Victoria St.</u> Suite, Apt. #, etc.
City & State <u>Santa Barbara CA</u> Zip <u>93101</u> Country <u>Santa Barbara</u>	City & State <u>Santa Barbara, Ca</u> Zip <u>93101</u> Country <u>Santa Barbara</u>

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 8/26/99 **SP**

5. FEI Number 94-2918435
Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent

Name Capital Corporate Services
Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32303

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 Delanii Cese, asst. sec. Date 12-6-00
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
VP	Ann E Addis	One West Victoria St.	Santa Barbara, CA 93101
Sec	Marsha Harrington Sherz	One West Victoria St.	Santa Barbara, CA 93101
Mrs	David Jones	One West Victoria St.	Santa Barbara, CA 93101

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: ANN E. ADDIS Date 11-15-00 Daytime Phone # 805 564 8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR