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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS** 03 MAY -6 PM 4: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 570281 Academic Services Corporation 50001.8312345 05/06/03--01124--005 ***308.75 2. Principal Office Address 3. Mailing Office Address 910 Lithra Anecrest Rd 910 Lithra Princerest Rd 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FE! Number Not Applicable \$8.75 Additional Fee required 335H for a Certificate of Status 7. Name and Address of Current Registered Agent C. (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State FL 3357 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 910 Lithia Procest Rd 910 Lithia Process Rd 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 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. Douglos C. Gilmoe SIGNATURE: ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR