

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # KUD187			
1. Corporation Name THE ACADEMY LEARNING CENTER, INC.			
2. Principal Office Address 6910 KARIN CT		3. Mailing Office Address 1413 JOHN MOORE RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL.		City & State BRANDON, FL	
Zip 33610	Country 	Zip 33511-6305	Country

REINSTATEMENT **0070**

4. Date Incorporated or Qualified To Do Business in Florida OCT. 10, 1988	
5. FEI Number 59-2922431	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JAFFICE L. DONALDSON
Street Address (P.O. Box Number is Not Acceptable)
1413 JOHN MOORE RD
Suite, Apt. #, Etc.

City
BRANDON

State
FL Zip Code
33511-6305

Date
10/28/01

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

Jaffice L. Donaldson
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
UTD	JAFFICE L. DONALDSON	1413 JOHN MOORE RD	BRANDON, FL. 33511
PSD	DANICE M. DONALDSON	1413 JOHN MOORE RD	BRANDON, FL. 33511

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: *Jaffice L. Donaldson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/01 1813-630-1772
Date Daytime Phone #