## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		14 00T 20 PH 2: 09
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New Enrichment	Center for Children		الما
2. Principal Office Address - No P.O. Box # 1519 Old St. Augustike	3. Mailing Office Address RL 1519 Old St. Augustin	FR4 State/Country	CR2E041 (1/14)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organiz To Do Busine	ed or Qualified
City & State  Talla, Florida  Zip Country	City & State  In II Country  Country	6. FEI Number 03839	23 470 Applied For Not Applicable
32301 115	3230/		STATUS DESIRED 55.00 Additional Fee required for a Contificate of Status
Name	ss of Current Registered Agent		
			00265625460 1/1401001007 **238.75
1	10: 1 7-0-1-		ATEMENT
City	State Zip Code	THE INDEX OF	l the lift be the s
Ta llahassee	FL 3230/	KEINOIN	4 i Clair IA i
		and accept the obligat	4 1 123 1 3 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
9. I, being appointed the registered agent of the Signature of Registered Agent 10. Names and Street Addresses of Authorized	above named limited hability company, am familiar with REGISTERED AGENT MUST SIGN		ions of Chapter 605, F.S.  Date 10 / 20 / 14
9. I, being appointed the registered agent of the Signature of Registered Agent	above named limited liability company, am familiar with  LECTOR  REGISTERED AGENT MUST SIGN  Representatives/Managers  Street Address of	Each :	4 1 123 1 3 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
9. I, being appointed the registered agent of the Signature of Registered Agent  10. Names and Street Addresses of Authorized  Titles  Name of Authorized Representations  Name of Authorized Representations	above named limited hability company, am familiar with  ACCUSATION  REGISTERED AGENT MUST SIGN  Representatives/Managers  Street Address of Authorized Representatives/ Manager	Each ntative/	ions of Chapter 605, F.S.  Date 10 / 20 / 14
9. I, being appointed the registered agent of the Signature of Registered Agent  10. Names and Street Addresses of Authorized Titles  Name of Authorized Representation Managers	above named limited hability company, am familiar with  ACCUSATION  REGISTERED AGENT MUST SIGN  Representatives/Managers  Street Address of Authorized Representatives/ Manager	Each ntative/	ions of Chapter 605, F.S.  Date 10 / 20 / 14  City / State / Zip
9. I, being appointed the registered agent of the Signature of Registered Agent  10. Names and Street Addresses of Authorized Titles  Name of Authorized Representation Managers	above named limited hability company, am familiar with REGISTERED AGENT MUST SIGN  Representatives/Managers  Street Address of Authorized Representations Manager  3508 Touch	Each ntative/	ions of Chapter 605, F.S.  Date 10 / 20 / 14  City / State / Zip  Talla, Fla. 32305
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9. I, being appointed the registered agent of the Signature of Registered Agent  10. Names and Street Addresses of Authorized  Titles  Name of Authorized Representation Managers  MGL  Laurina  Jame  MGR  Shirkey  11. E-mail Address  12. I certify that I am an authorized representative when filling this reinstatement application the reason that all fees owed by the limited liability company to the service of	above named limited hability company, am familiar with REGISTERED AGENT MUST SIGN  Representatives/Managers  Street Address of Authorized Represent Manager  3508 Touca  141 3531 Touca	ications) cute this application as y company name satis atton is true and accura a third degree felony a	City / State / Zip  City /