PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 19 PM 2:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L80345

1. Corporation Name

TUTOR TIME LEARNING CENTER AT DELRAY BEACH, INC.

REINSTATEMENT 94-96 as

Principal Place of Business	Mailing Address
4517 Northwest 31st Avenue Fort Lauderdale, FL 33309	SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
621 N W 53rd Street	
Suite, Apt. #, etc.: Suite 450	Suite, Apt. #, etc.
City & State: Boca Raton, FL 33487	City & State
Zip: 33487 Country: U.S.A.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/90

5. FEI Number: 65-0206700 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chrmn/ Sec/Dir	MICHAEL WEISSMAN	621 Northwest 53rd St. Suite 450	Boca Raton, FL 33487
Pres/ Tres/Dir	RICHARD S. WEISSMAN	621 Northwest 53rd St. Suite 450	Boca Raton, FL 33487

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8. Name and Address of Current Registered Agent

David L. Chiras, P.A.
4517 Northwest 31st Avenue
Fort Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name: Neesa B. Warlen, Esq.
Street Address (P.O. Box Number is Not Acceptable): 621 Northwest 53rd Street
Suite, Apt. #, Etc.: Suite 450
City: Boca Raton State: FL Zip Code: 33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Neesa B. Warlen
REGISTERED AGENT MUST SIGN
Date: 11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: [signature] 11/12/96 (561) 994-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #