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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 17 AM 10:47

DOCUMENT #

L95388

1. Corporation Name

College Living Experience

The College Living Experience, Inc.

2. Principal Office Address

6555 Nova Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Davie, FL

Zip

Country

Zip

Country

33317

USA

700023977207

10/21/03--01087--009 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/1990

5. FEI Number

650216678

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

Pamela Silberglid Spalter, Esq.

Street Address (P.O. Box Number is Not Acceptable)

6555 Nova Drive

Suite, Apt. #, Etc.

Suite 300

City

Davie

State

FL

Zip Code

33317

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/14/2003

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
Pres.	Irene Ettinger Spalter	6555 Nova Drive	Davie, FL 33317
Treas.		Suite 300	
Vice-Pres.	Joel S. Spalter, MD	same	
Sec.			

REINSTATEMENT w/o

Penalty
10/17/03
nc

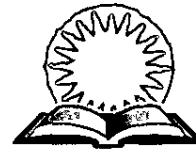
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

[Signature]

10/14/03 (954) 370-5142

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College
Living
Experience
incorporated

Providing

October 14, 2003

academic,

VIA CERTIFIED & RETURN RECEIPT

independent

Nanette Causseaux
Corporate Specialist Supervisor
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

living skills

RE: The College Living Experience, Inc
Open book with sun design above book
File Date: 8/23/1990
FEI: 650216678

and career

Dear Sir or Madam:

support

In connection with the above referenced Corporation, I am enclosing an executed Corporation Reinstatement form and a check in the amount of \$158.75 made payable to the Florida Department of State. Our offices moved and did not receive the Uniform Business Report for 2003.

to students

Please furnish this office with evidence of filing of said Corporation Reinstatement and active status once processed. Thank you in advance for your attention to this matter.

Sincerely,

with

Pamela Silberglied Spalter
Administrator & Corporate Counsel

learning

Enclosure

difficulties