

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9000002338

1. Corporation Name

FAMILY & FRIENDS LEARNING CENTER, INC.

2. Principal Office Address

2743 SE Indian Street

Stuart, FL 34997
Suite, Apt. #, etc.

3. Mailing Office Address

2743 SE Indian St.

Stuart, FL 34997
Suite, Apt. #, etc.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

65-0993845

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Stuart, FL

Zip

34997

Country

USA

City & State

Stuart, FL

Zip

34997

Country

USA

7. Name and Address of Current Registered Agent

Name

Dexter D. Head

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

1000 E. 18th Street
Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Dexter D. Head

Date

7/20/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| P | Audrey Hamilton | 907 E. Hall St. | Stuart, FL 34994 |
| VP | Sylvia Matheny | 1201 Palm Bch. Rd. #E103 | Stuart, FL 34994 |
| S | Amber Dickens | 907 E. Hall St. | Stuart, FL 34994 |
| D | Anna Head | 1000 E. 18th Street | Stuart, FL 3494 |
| | | | |
| | | | |

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:

Anna D Head

Anna D Head

Date

7/20/04

Daytime Phone #

(772)
283-1216

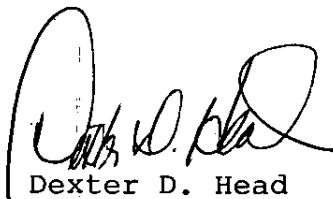
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/04

TO WHOM IT MAY CONCERN:

This letter serves as a notice that we, Family & Friends Learning Center, Inc., have not received the Uniform Business Report for the year 2002.

Thank you for your cooperaton in this matter.

A handwritten signature in black ink, appearing to read "Dexter D. Head", is written over a faint, circular stamp.

Dexter D. Head
Registered Agent