PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 20 AM 8:00

DOCUMENT # N01000002499

1. Corporation Name
LOOK AT THE FUTURE ACADEMY, INC.

2. Principal Office Address	3. Mailing Office Address
1427 N.W. 100 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33147 Country: USA	Zip Country

REINSTATEMENT 03
07/21/03 90135 049 ** 61.25

4. Date Incorporated or Qualified To Do Business in Florida: April 5, 2001

5. FEI Number: 651095228 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name: Walter Kinsey

Street Address (P.O. Box Number is Not Acceptable): 1427 N.W. 100 St.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33147

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: 11/17/03

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
President	Walter Kinsey	1427 N.W. 100 St Miami, FL 33147	Miami FL 33147
Vice President	Lamar Kinsey	1777 N.W. 152 St	Miami FL 33054
Sec.	Rosa Mae Kinsey	3078 N.W. 61 St	Miami FL 33147

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/17/03 Daytime Phone #