
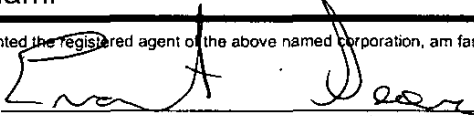
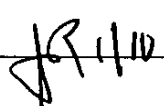
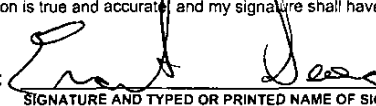


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JAN -9 AM 11:48 STATE OF FLORIDA TALLAHASSEE, FLORIDA 700063555347 01/12/06--01040--003 **358.75 REINSTATEMENT 04-06 CR2E081 (12/05)	
DOCUMENT # N02000000106				
1. Corporation Name ELOHIM CENTER FOR HIGHER LEARNING, INC.				
2. Principal Office Address 5311 NW 8th Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 5311 NW 8th Avenue <small>Suite, Apt. #, etc.</small>		
City & State Miami, FL		City & State Miami, FL		
Zip 33127	Country USA	Zip 33127	Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 01/04/02		
		5. FEI Number 80-0026586	Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Exantus George				
Street Address (P.O. Box Number is Not Acceptable) 5311 NW 8th Avenue				
Suite, Apt. #, Etc.				
City Miami		State FL	Zip Code 33127	
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 		Date Jan. 6, 2006		
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	
DPT	Exantus George	5311 NW 8th Avenue	Miami, FL 33127	
DVS	Angela Sands	5311 NW 8th Avenue	Miami, FL 33127	
				
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 contained in Chapter 119, 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: 		Jan. 6, 2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	