

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005712

1. Corporation Name

Lifetime Learning Inc.

2. Principal Office Address - No P.O. Box #

11540 Wiles Road

Suite, Apt. #, etc.

Suite #3

City & State

Coral Springs, FL

Zip

33076

Country

USA

3. Mailing Office Address

11540 Wiles Road

Suite, Apt. #, etc.

Suite #3

City & State

Coral Springs, FL

Zip

33076

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 7-29-02

5. FEI Number

☒ 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

Matthew Gregory Moody

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

1010 Country Club Drive

Suite, Apt. #, Etc.

Apt. #306

City

Margate

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Matthew Moody

Date February 12, 2009

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
Dir	Francine Alisa Sherwood	3062 NW 91st Avenue	Coral Springs, FL 33065
Dir	Matthew Gregory Moody	1010 Country Club Drive, #306	Margate, FL 33063

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REINSTATEMENT

03-0908

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 of 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:

Matthew Moody

Matthew Gregory Moody

2-12-09

954-934-5840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #