

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000008213</b> 1. Entity Name <b>REAL WORLD EDUCATION INC.</b>					
Principal Place of Business 12470 MEMORIAL HWY. TAMPA, FL 33635				Mailing Address 12470 MEMORIAL HWY. TAMPA, FL 33635	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7196 Bethesda Ct</b> Suite, Apt. #, etc.			
City & State		City & State <b>Weeki Wachee FL 34607</b>		4. FEI Number <b>Not Applicable</b>	
Zip		Zip <b>34607</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDANIEL, TERESA W.</b> <b>12470 MEMORIAL HWY.</b> <b>TAMPA, FL 33635</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>V. Pres. Teresa W. McDaniel</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>6-13-05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>		- Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDANIEL, DENNIS G 12470 MEMORIAL HWY. TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / Director DENNIS G McDaniel 7196 Bethesda Ct Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDANIEL, TERESA W 12470 MEMORIAL HWY. TAMPA, FL 33635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President / Director Teresa W. McDaniel 7196 Bethesda Ct Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDANIEL, DIANE G 9034 ALLEN CIRCLE TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Diane G. McDaniel 7196 Bethesda Ct Weeki Wachee FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300056525543 06/27/05--01004--004 *\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Teresa W. McDaniel</b>		<b>6/13/05</b> <small>Date</small>	
<b>8137840232</b> <small>Daytime Phone #</small>					

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SEC. TALLAHASSEE STATE

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June 20, 2005

Fl. Dept. of State  
Div. of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Real World Education Inc.  
C/O Teresa W. McDaniel  
7196 Bethesda Crt.  
Weeki Wachee, Fl. 34607

Dear Sir,

I received a notice from you on June 3, 2005 in regards to our not for profit corporation. I call and spoke to a gentleman in your dept. and he explained to me the situation.

I would like to state that I never received a notice from you in April of 2004 for the Tax ID # required on the yearly form. Therefore I was unaware of there being a problem with our corporation until this year when I tried to file for 2005.

I am requesting a waiver from you of penalty fees for the 2004 year since I did send in the fee in a timely manner. In addition, I would like to have our corp. reinstated as an active corporation within the State of Florida.

Accompanying this letter you will find a check in the amount of \$61.25, and the appropriate form for 2005 filing.

Thank You

  
Teresa W. McDaniel