

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 AM 7:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000008413

1. Corporation Name

Educational Entertainment Enterprises Inc.

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

100 Armory Court

Suite, Apt. #, etc.

Apt. # 107

City & State

Jackson, Michigan

Zip

49202

Country

USA

3. Mailing Office Address

100 Armory Court

Suite, Apt. #, etc.

Apt. # 107

City & State

Jackson, Michigan

Zip

49202

Country

USA

03/12/09--01029--007 **315.00

900145663699

03/12/09--01029--007 **315.00

REINSTATEMENT 05-09 KS

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/2003

5. FEI Number

87-0708853

☐ 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

Judy Gail Krasnow

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

c/o Ayvar 1829 NE 179th Street

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

☒ 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

Judy Gail Krasnow
REGISTERED AGENT MUST SIGN

Date 3/5/09

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.	Judy Gail Krasnow	100 Armory Court Apt. # 107	Jackson, MI 49202
Dir.	Carrie Sue Ayvar	1829 NE 179th Street	NMB, Florida 33162
Dir.	Hector Trujillo	100 Armory Court Apt. #108	Jackson, Michigan 49202
Secretary:	Soralee Ayvar	1829 NE 179th Street	NMB, Florida 33162

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:

Judy Gail Krasnow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Gail Krasnow

3/5/09

Date

Daytime Phone #

(cell: 305-336-1403)

517-795-2112