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|                                                                       |                      |                                                                                   |                                                            |                                                                                        |  |
|-----------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                  |                      |  |                                                            | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT #</b> N03000009139                                        |                      |                                                                                   |                                                            |                                                                                        |  |
| <b>1. Corporation Name</b><br><br>FEED MY SHEEP LEARNING CENTER, INC. |                      |                                                                                   |                                                            |                                                                                        |  |
| <b>2. Principal Office Address</b><br>16121 E BUNCHE PARK DR          |                      |                                                                                   | <b>3. Mailing Office Address</b><br>16121 E BUNCHE PARK DR |                                                                                        |  |
| Suite, Apt. #, etc.                                                   |                      |                                                                                   | Suite, Apt. #, etc.                                        |                                                                                        |  |
| <b>City &amp; State</b><br>MIAMI GARDENS, FL                          |                      |                                                                                   | <b>City &amp; State</b><br>MIAMI GARDENS, FL               |                                                                                        |  |
| <b>Zip</b><br>33054-2083                                              | <b>Country</b><br>US | <b>Zip</b><br>33054-2063                                                          | <b>Country</b><br>US                                       |                                                                                        |  |

REINSTATEMENT

OR2E081 (12/05)

04-06

WOF

|                                                                                                                              |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>10/16/2003                                             |                                                                                                  |
| <b>5. FEI Number</b><br>20-0328809                                                                                           | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b><br><input type="checkbox"/> |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status. |                                                                                                  |

**7. Name and Address of Current Registered Agent**

|                                                                                     |                    |
|-------------------------------------------------------------------------------------|--------------------|
| <b>Name</b><br>CYNTHIA HOLLINGER                                                    |                    |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>16121 E BUNCHE PARK DR |                    |
| Suite, Apt. #, Etc.                                                                 |                    |
| <b>City</b><br>MIAMI GARDENS                                                        | <b>State</b><br>FL |
| <b>Zip Code</b><br>33054-2063                                                       |                    |

**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 *Cynthia Hollinger* CYNTHIA HOLLINGER Date 2-24-2006**9. Name 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           |
|--------|-----------------------------------|------------------------------------------------|------------------------------|
| DP     | CYNTHIA HOLLINGER                 | 16121 E BUNCHE PARK DR                         | MIAMI GARDENS, FL 33054-2063 |
| DS     | BRENDA COLSTON                    | 16121 E BUNCHE PARK DR                         | MIAMI GARDENS, FL 33054-2063 |
| DT     | MILDRED MEEKS                     | 16121 E BUNCHE PARK DR                         | MIAMI GARDENS, FL 33054-2063 |
| D      | ALLEN MEEKS                       | 16121 E BUNCHE PARK DR                         | MIAMI GARDENS, FL 33054-2063 |
| DVP    | RICHARD A. BRYNT JR.              | 16121 E BUNCHE PARK DR                         | MIAMI GARDENS, FL 33054-2063 |

**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: *Cynthia Hollinger* CYNTHIA HOLLINGER 2-24-2006 305 825 6199

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DATE: 02-24-2006

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

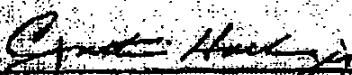
FROM: FEED MY SHEEP LEARNING CENTER, INC.  
CYNTHIA HOLLINGER

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004  
AND 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 621 2319.

THANKS,

  
FEED MY SHEEP LEARNING CENTER, INC.  
CYNTHIA HOLLINGER

Division of Corporations

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Florida Department of State  
Division of Corporations  
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From:

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Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**CORPORATION REINSTATEMENT**

**FEED MY SHEEP LEARNING CENTER, INC.**

|                       |          |
|-----------------------|----------|
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