1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000009139

1. Corporation Name

FEED MY SHEEP LEARNING CENTER, INC.

REINSTATEMENT 04-06 WOR

OR2E081 (12/05)

2. Principal Office Address		3. Mailing Office Address	
16121 E BUNCHE PARK DR		16121 E BUNCHE PARK DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI GARDENS, FL		City & State: MIAMI GARDENS, FL	
Zip: 33054-2063	Country: US	Zip: 33054-2063	Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 10/16/2003

5. FEI Number: 20-0328809 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CYNTHIA HOLLINGER

Street Address (P.O. Box Number is Not Acceptable): 16121 E BUNCHE PARK DR

Suite, Apt. #, Etc.:

City: MIAMI GARDENS | State: FL | Zip Code: 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 617.0303, F.S.

Signature of Registered Agent: X Cynthia Hollinger CYNTHIA HOLLINGER Date: 2-24-2006

REGISTERED AGENT SIGNATURE

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
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: X Cynthia Hollinger CYNTHIA HOLLINGER 2-24-2006 305 625 6199

INDIVIDUAL MUST BE DESIGNATED NUMBER OF ABOVE OFFICER OR DIRECTOR — Date — Daytime Phone #

253

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 PENNALTY.

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

THANKS,

FEED MY SHEEP LEARNING CENTER, INC.
CYNTHIA HOLLINGER

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

FEED MY SHEEP LEARNING CENTER, INC.

Certificate of Status	0
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