


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N 03 000009167</u>			
1. Corporation Name <u>National Institute for Innovative Leadership In Early Education And Care, Inc.</u>			
2. Principal Office Address <u>1230 NE 201 Terrace</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, Florida 33179</u>		City & State	
Zip	Country	Zip	Country

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4. Date Incorporated or Qualified To Do Business in Florida <u>2003</u>	
5. FEI Number <u>56-2036688</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Muriel Wong Lundgren</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1230 NE 201 Terrace</u>	
Suite, Apt. #, Etc.	
City <u>Miami, Florida 33179</u>	State <u>FL</u>
Zip Code	

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 <u>[Signature]</u>		Date _____	
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
P	Muriel Wong Lundgren	1230 NE 201 Terrace	Miami, Florida 33179
S/T	Melissa Harper	1310 Lewisville-Clemmons Road	Lewisville, NC 27023
D	Nick Gennett	PO Box 1595	Salisbury, NC 28145
D	Ana Sejeck	3250 SW 3rd Avenue	Miami, Florida 33129
D	Luis Hernandez	3790 Irvington Avenue	Miami, Florida 33133
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 under section 119.07(3)(i), 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: <u>[Signature]</u> <u>President</u>		Date <u>12.15.05</u>	Daytime Phone # <u>305.445.9735</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			