PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 27 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000004532

1. Corporation Name
Advocates for Today's Students Inc.

REINSTATEMENT 08-10

SOD167362485

01/27/10--01039--005 **184.50

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3119 Oakland Shores Dr	3119 Oakland Shores Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
C204	C204
City & State	City & State
Oakland Park	Oakland Park
Zip / Country	Zip / Country
33309 / USA	33309 / USA

4. Date Incorporated or Qualified To Do Business in Florida 05/04/2007

5. FEI Number 20-8989627 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: United States Corporation Agents, Inc

Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Road

Suite, Apt. #, Etc.: Suite 400

City: Miami Beach | State: FL | Zip Code: 33139

☑ 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 _____ Date 1/25/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Patrick McMillan	3119 Oakland Shores Dr, C204	Oakland Park, FL 33309
T	Patrick McMillan	3119 Oakland Shores Dr, C204	Oakland Park, FL 33309
S	Patrick McMillan	3119 Oakland Shores Dr, C204	Oakland Park, FL 33309

JC 1/28

10. E-mail Address: pl_mcmillan@hotmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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: _____ 01/21/10 9548017423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #