

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000007684

1. Corporation Name

Literacy 20/20, Inc.

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

3500 Beachwood Court #102

Suite, Apt. #, etc.

3. Mailing Office Address

3500 Beachwood Court #102

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32224

Country

USA

Zip

32224

Country

USA

7. Name and Address of Current Registered Agent

Name

Thomas J. Fraser, Jr., Esquire

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

4230 Pablo Professional Court, Suite 200

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

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 February 23, 2010

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
Director	Thomas J. Fraser, Jr.	4230 Pablo Professional Court, Suite 200	Jacksonville, FL 32224
Director	Linda Morris	24047 Hawk Haven Lane	Hilliard, FL 32046
Director	Myron Pincomb	3500 Beachwood Court, #102	Jacksonville, FL 32224

10. E-mail Address: rfhws@rfhlaw.com

(To be used for future annual report notification)

11. 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. I further certify the information in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas J. Fraser, Jr.

2/23/10

904-567-1060

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 24 AM 9:31

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

0870

REINSTATEMENT

400170454814

02/24/10--01037--007 **236.25
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida

August 03, 2007

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.