

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000000912

FILED  
Nov 08, 2012  
Secretary of State

**Entity Name:** OPEN ARMS AFTERSCHOOL LEARNING CENTER INC.

**Current Principal Place of Business:**

640 WEST PLAM DRIVE STE D  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

745 WEST PLAM DRIVE STE D  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

640 WEST PLAM DRIVE STE D  
FLORIDA CITY, FL 33034

**New Mailing Address:**

745 WEST PLAM DRIVE STE D  
FLORIDA CITY, FL 33034

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELSIE SANCHEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: THOMPSON, SHARON  
Address: 745 WEST PLAM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: DV  
Name: THOMPSON, KENNETH  
Address: 745 WEST PLAM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: DS  
Name: HOWARD, SHEILA  
Address: 745 WEST PLAM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: T  
Name: HOWARD, VICTOR  
Address: 745 WEST PLAM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON THOMPSON

DP

11/08/2012

Electronic Signature of Signing Officer or Director

Date