PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12000001159

1. Corporation Name

MARIE B ELLIS CULTURAL ENRICHMENT CENTER, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1804 BETHUNE DR	PO BOX 2492
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL	City & State: PLANT CITY, FL
Zip: 33563 Country: United States	Zip: 33563 Country: United States

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/31/2012

5. FEI Number: [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

000254533580

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: Linda E Light Date: 12-6-13

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
DIR	Linda Light	110 W REYNOLDS ST. SUITE 102	PLANT CITY, FL 33563
DIR	Calvin Callins	6571 EAGLE RIDGE	LAKELAND, FL 33801
DIR	Henry Simmons	308S JOHNSON ST	PLANT CITY, FL 33563
	REINSTATEMENT	DEC 0 9 2013	
		R. HUNT	

10. E-mail Address: lindalight13@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Linda E Light Linda E Light 11/26/13 813-650-4254

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 847738 7865270

AUTHORIZATION :

COST LIMIT : $236.25

ORDER DATE : October 15, 2013

ORDER TIME : 2:51 PM

ORDER NO. : 847738-010

CUSTOMER NO: 7865270

DOMESTIC FILINGS

NAME: MARIE B ELLIS CULTURAL
ENRICHMENT CENTER, INC.

RECEIVED
DEPARTMENT OF STATE
13 DEC -9 AM 11:04

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deb Reeves - Ext# 63428

DEC 0 9 2013

EXAMINER'S INITIALS R. HUNT