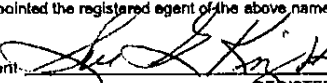
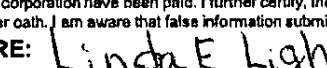


13 DEC -9 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		13 DEC -9 PM 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N12000001159					
1. Corporation Name MARIE B ELLIS CULTURAL ENRICHMENT CENTER, INC.					
2. Principal Office Address - No P.O. Box # 1804 BETHUNE DR Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 2492 Suite, Apt. #, etc.			
City & State PLANT CITY, FL		City & State PLANT CITY, FL			
Zip 33563	Country United States	Zip 33563	Country United States		
4. Date Incorporated or Qualified To Do Business in Florida 11/31/2012		5. FEI Number ☐ Applied For ☒ 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					
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: <u>12-6-13</u> 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 09 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: 		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.

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

EXAMINER'S INITIALS

DEC 09 2013

R. HUNT

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