

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000000526

1. Corporation Name

Student + Family Life USA/International, Inc.

300005097473--9

-03/12/02--01064--008

*****8.75 *****8.75

2. Principal Office Address

6112 Donegal Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

City & State

11

Zip

32819

Country

USA

Zip

11

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FET 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

JB Collingsworth

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

6112 Donegal Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32819

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-03/12/02--01064--009

*****297.50 *****297.50

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

JB Collingsworth President/CEO

Date 12/26/01

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	V. Bret Moore	P.O. Box 84	Winter Park, Co. 80482
Dir	Rogers Pope, Jr.	5 Daisy Ct.	Longview, TX. 75604
Dir	Charles Adams	2326 Wharton Lane	Charlotte, NC 28270
Sec.	Anne L. Collingsworth	6112 Donegal Dr.	Orlando, FL 32819
Pres.	JB Collingsworth	6112 Donegal Dr.	Orlando, FL 32819
Dir	Paula Rutledge	2711 Nela Ave	Orlando, FL 32809

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

JB Collingsworth President/CEO

12/26/01

407/340-0134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)