

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -2 PM 3:35

DOCUMENT # N97 000002442

**1. Corporation Name**

College Assist, Inc.

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

12794 W. Forest Hill Blvd.

Suite, Apt. #, etc.

21

City & State

Wellington, FL

Zip

33414

Country

US

**3. Mailing Office Address**

12794 W. Forest Hill Blvd.

Suite, Apt. #, etc.

21

City & State

Wellington, FL

Zip

33414

Country

US

**REINSTATEMENT**

CR2E081 (12/07)

06-08

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/1/1997

**5. FEI Number**  
650370463

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. \$183.75

**7. Name and Address of Current Registered Agent**

Name

Jonathan Iverson

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

1560 Windorah Way

Suite, Apt. #, Etc.

A

City

West Palm Beach

State

FL

Zip Code

33411

**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

*Jonathan Iverson*  
REGISTERED AGENT MUST SIGN

Date 6/19/2008

**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
P/D	Jonathan Iverson	1560 Windorah Way Unit A	West Palm Beach, FL 33411
S/D	Rachael Iverson	1560 Windorah Way Unit A	West Palm Beach, FL 33411
T/D	Bryan McLaughlin	5992 S.W. Markel St.	Palm City, FL 34990

000132086570  
07/02/08--01031--006 \*\*183.75

**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 contained in Chapter 119, 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:** *Jonathan Iverson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/2008

Date

772-913-0394

Daytime Phone #

7/2an