

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PM 2:18

DOCUMENT # N 98000002812

1. Corporation Name

ONE ON ONE Educational And Enrichment
Center INC.

2. Principal Office Address

2500 North State Rd 7

Suite, Apt. #, etc.

N/A

City & State

Lauderdale Lakes Fla.

Zip

33313

Country

Broward

3. Mailing Office Address

2500 North State Rd 7

Suite, Apt. #, etc.

N/A

City & State

Lauderdale Lakes Fla.

Zip

33313

Country

Broward

REINSTATEMENT

02-06

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

5/14/98

5. FEI Number

65-0832258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Johnny Boynton

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

9900 N.W. 46th

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

REGISTERED AGENT MUST SIGN

Date 8/25/06

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.	Boynton Johnny	9900 NW 46th	Sunrise Fl 33351
S.D.	Boynton Angela	2500 N. State	Lauderdale Lake 33313
T.D.	Boynton Yvette	9900 NW 46th	Lauderdale Lake 33313
D.	Stephen Constantine	2500 N. State Rd 7	Lauderdale Lake 33313

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/25/06

Daytime Phone #

954
730 8090

CR2001 (01/05)