

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003567

1. Corporation Name
GRANDVIEW PRIDE STUDENT ENRICHMENT CENTER
OF BOCA RATON, INC.

800009241108
11/27/02--01070--013 **420.00

2. Principal Office Address
3860 N.W. 4th Avenue

3. Mailing Office Address
3860 N/W. 4th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip 33431 **Country** USA

Zip 33431 **Country** USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida June 16, 1998

5. FEI Number 65-0842721 **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
Linda O. MacLaren

Street Address (P.O. Box Number is Not Acceptable)
798 S. Federal Highway

Suite, Apt. #, Etc.
Suite 100

City
Boca Raton

State FL **Zip Code** 33432

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 O. MacLaren*
REGISTERED AGENT MUST SIGN

Date 11/18/02

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
PD	Thomas M. Janton	3860 N.W. 4th Avenue	Boca Raton, Florida 33431
D	Sofia D. Campins	3860 N.W. 4th Avenue	Boca Raton, Florida 33431
D	Dara L. Preece	3860 N.W. 4th Avenue	Boca Raton, Florida 33431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda O. MacLaren

Date

11/18/02

Daytime Phone # 561-361-9783

CR2E081 (9/01)