

APPROVED
AND
FILED

05 JUL 28 PM 2:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name N. 98-000006148
One On One Enrichment Academy.
W05-34305

K. Eckel AUG 01 2005

2. Principal Office Address <u>2500 N. W. St. Rd. 7</u>		3. Mailing Office Address <u>2500 N. St. Rd. 7</u>	
Suite, Apt. #, etc. <u>N/A.</u>		Suite, Apt. #, etc. <u>N/A.</u>	
City & State <u>Lauderdale Lakes FLA</u>		City & State <u>Lauderdale Lakes FLA</u>	
Zip <u>33313</u>	Country <u>Broward</u>	Zip <u>33313</u>	Country <u>Broward</u>

REINSTATEMENT-02-05

4. Date Incorporated or Qualified To Do Business in Florida <u>10/26/98</u>	
5. FE Number <u>65-0832258</u>	6. ☐ CERTIFICATE OF STATUS DESIRED ☐ <u>22.75 Additional Fee required for Certificate of Status</u>

7. Name and Address of Current Registered Agent	
Name <u>Yvette Boynton</u>	<u>11/07/02 01046 003 \$236.25</u>
Street Address (P.O. Box Number is Not Acceptable) <u>9900 N.W. 46 Ct</u>	
Suite, Apt. #, Etc. <u>N/A.</u>	
City <u>SUNRISE FLA</u>	State Zip Code <u>FL 33357</u>

600056526356
06/27/05-01005-001
**183.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.1503 or 607.1503, F.S.

Signature of Registered Agent Yvette Boynton 6/21/05
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
DVP	Yvette Boynton	9900 N.W. 46 Ct	Sunrise FLA 33351
DP	Johnny Boynton	9900 N.W. 46 Ct	Sunrise FLA 33351
T	Angela Boynton	2500 N. St. Rd. 7	Lauderdale Lakes
D	Constance Stephen	6815 Rhine Dr.	Jacksonville FLA

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, 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 607.1402 or 607.1403, 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 119.17(3), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

6/20/05

CRZE001 (01/05)