PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 26 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N99000003475

1. Corporation Name
Alee Academy, Inc

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
755 South Central Ave.	P.O Box 2481
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Umatilla, Florida	City & State: Umatilla, Florida
Zip: 32784 Country: USA	Zip: 32784 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/99

5. FEI Number: 59-3579794 ☐ 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: Brenda H. Smith

Street Address (P.O. Box Number is Not Acceptable): 59 North Central Avenue LS

Suite, Apt. #, Etc.:

City: Umatilla State: FL Zip Code: 32784

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: Brenda H. Smith REGISTERED AGENT MUST SIGN Date: 10/10/01

CR2E081 (9/00)

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
D	Martha Cohen	35203 Thrill Road	Eustis, Fla 32726
D	Rachel Holtzclaw	11 Cove Lane	Eustis, Fla 32726
D	Dr. Gerald Manley	16916 Willis McCall Rd	Umatilla, Fla 32784
D	Dr. Louis Radnothy	3907 South Central Ave.	Umatilla, Fla 32784
D/C	Jennings Neeld	42 Dogwood Lane	Eustis, Fla 32726

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: Jennings Neeld 10/10/01 (352) 669-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #