

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 NOV 25 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004862

1. Corporation Name

LEARNING OBSERVED  
VICTORIOUSLY EVERYDAY, INC.

2. Principal Office Address

5543 Pentail Circle

Suite, Apt. #, etc.

3. Mailing Office Address

5543 Pentail Circle

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33625

Country

Hillsborough

Zip

33625

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

8/9/99

5. FEI Number

59-3598436

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

Russell B. SIMMONS

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

3704 Greenford Street

Suite, Apt. #, Etc.

City

Valrico,

State  
**FL**

Zip Code

33594

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

Russell B. Simmons

REGISTERED AGENT MUST SIGN

Date 11/20/02

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
<u>P/D/C</u>	<u>Hattie Crespo</u>	<u>5543 Pentail Circle</u>	<u>Tampa, FL 33625</u>
<u>V/D/M</u>	<u>Sidney Crespo</u>	<u>5543 Pentail Circle</u>	<u>Tampa, FL 33625</u>
<u>D</u>	<u>Marisol Clark</u>	<u>1502 RIVER DRIVE, A203</u>	<u>Tampa, FL 33612</u>
<u>T</u>	<u>ROSA VICKERS</u>	<u>1122 W. Arch Street</u>	<u>Tampa, FL 33607</u>
<u>S</u>	<u>CYNTHIA FLOWERS</u>	<u>2527 Cherry Street</u>	<u>Tampa, FL 33607</u>

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:

Sidney J. Crespo, Sidney J. Crespo 11/20/02 (813) 265-3487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

jc 11/20