

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -6 AM 8:51

DOCUMENT # P00000028642

1. Corporation Name

LEARNING TO SUCCEED, INC.

Principal Place of Business

Mailing Address

810 NORTHWEST 171 STREET
MIAMI FL 33169

810 NORTHWEST 171 STREET
MIAMI FL 33169



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

19601 E Oakmont Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1575 Ridenour Pkwy
Suite, Apt. #, etc. 214

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2000

5. FEI Number

65-1000376

Applied For

Not Applicable

City & State Miami FL

City & State Kennesaw GA

Zip 33015 Country USA

Zip 30152 Country USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/T/P	RICHARDS, ARLEEN E	810 NORTHWEST 171 STREET 19601 E Oakmont Dr	MIAMI FL 33169 MIAMI FL 33015
D/T/S	DAWKINS, KIM E	17627 NORTHWEST 62 PLACE NORTH	MIAMI FL 33015

500004733145-4
-12/19/01--01057--023
****758.75 ****758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tracy R. Harmon A.S.
REGISTERED AGENT MUST SIGN

Date

12/3/01

11. 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

Date

Daytime Phone #

12-4-01