

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT -6 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000029304**

1. Corporation Name
Wiz Kids Learning Center Corp.

2. Principal Office Address
6883 W 4 ave

Suite, Apt. #, etc.

3. Mailing Office Address
256 NW 42 ave

Suite, Apt. #, etc.

City & State
Hialeah FL

Zip **33012** Country **US**

City & State
Miami FL

Zip **33126** Country **US**

900023584159
10/06/03--01048--006 **750.00
REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida **03-22-2000**

5. FEI Number
650593678

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 **Garcia Rosa**

Street Address (P.O. Box Number is Not Acceptable)
6883 W 4 ave

Suite, Apt. #, Etc.

City **Hialeah**

State **FL** Zip Code **33012**

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 **[Signature]**

Date **9/26/03**

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
PD	Garcia Rosa	6883 W 4 ave	Hialeah FL 33012

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 **305-541-6790**
Date Daytime Phone #

CR2E001 (10/02)