

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044325

1. Corporation Name

Educators R Us, Inc.

2. Principal Office Address

13962 W. Hillsborough Ave
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip Country
33635 U.S.

3. Mailing Office Address

4933 Ebersburgh Dr.
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip Country
33647 U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/1/2000

5. FEI Number

59-3649260

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

Beliance Consulting, LLC

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

3105 W Waters Ave Ste. 105

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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]

REGISTERED AGENT MUST SIGN

Date 11/29/06

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	Smita Toprani	4933 Ebersburgh Dr.	Tampa, FL 33647
P	Rajesh Toprani	4933 Ebersburgh Dr.	Tampa, FL 33647
	<i>12/5</i>		

4000783ED:104
12/02/06--01001--021 **\$300.00
600082242916
12/04/06--01010--021 **\$300.00

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 contained in Chapter 119, 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:

Smita Toprani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/06

Date

813-294-7868

Daytime Phone #