PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 21 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059756

1. Corporation Name
CHILDRENS ACADEMY OF POMPANO BEACH, INC.

5200 N.E. 33RD AVE
5200 N.E. 33RD AVE

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
5200 N.E. 33RD AVE	5200 N.E. 33RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33308 County: USA	Zip: 33308 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/2001

5. FEI Number: 65-1017419 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ARLETTE SPANIAK

Street Address (P.O. Box Number is Not Acceptable): 5200 N.E. 33RD AVE

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE | State: FL | Zip Code: 33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Arlette Spaniak REGISTERED AGENT MUST SIGN Date: 12/16/04

CR2E061 (01/04)

9. Name and Street Address 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
P/D	ARLETTE SPANIAK	5200 N.E. 33RD AVE	FT. LAUDERDALE, FL 33308

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12/21/04--01020--003 **1200.00

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 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: Arlette Spaniak 12/16/04 (954) 491-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR — Date — Daytime Phone #