

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1042

APPLICATION
REINSTATEMENT



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

FILED

02 NOV 15 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060933

1. Corporation Name

HIGHER LEARNING ACADEMY OF DAYTONA, INC.

Principal Place of Business
740 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
740 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P.O. Box 211291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, FL

Zip Country

Zip Country

32121

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/2001

5. FEI Number

59-3671681

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVST	LINDO, LINDA	740 S. RIDGEWOOD AVE.	DAYTONA BEACH FL 32114

100008666641
10/29/02--01070--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MITCHELL, JEROME D ESQ
RIGGIO & MITCHELL, P.A.
400 S. PALMETTO AVE.
DAYTONA BEACH FL 32114

Name

Linda Lindo

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

740 South Ridgewood Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02



JEROLD K. BRAUN, P.A.
CERTIFIED PUBLIC ACCOUNTANT

October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Reinstatement Section

To Whom It May Concern:

My client just gave me this application for reinstatement received from your office, regarding their Annual Corporate Report.

My client uses a Post Office Box, as indicated in Box three, New Mailing Address. That may explain why she didn't receive the first two notices. It doesn't explain how she happened to get this report, but that's not important. What is important is that my client wishes to reinstate her Corporation, and based on your information under Important Facts, the reinstatement fee can be waived if the Corporation did not receive the two prior Uniform Business Report notices. Seeing as how that is the case, I have instructed my client to sign this application (she is also changing the registered agent to herself), and enclose a check for \$150 to make the Corporation active again.

Sincerely,

Jerold K. Braun, CPA