

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 AM 11:03

DOCUMENT # P01000060933

1. Corporation Name

Higher Learning Academy of Daytona Inc

2. Principal Office Address

740 S. Ridgewood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1501 Ridgewood Ave

Suite, Apt. #, etc.

Suite 105

City & State

Daytona Beach, FL

City & State

Holly Hill, FL

Zip

32114

Country

Zip

32117

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/2001

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. Name and Address of Current Registered Agent

Name

Linda Lindo

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

6 Ridge Trail

Suite, Apt. #, Etc.

City

Ormond Beach FL

State
FL

Zip Code

32174

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

Linda Lindo
REGISTERED AGENT MUST SIGN

Date

10/14/03

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
<u>PAST</u>	<u>Linda Lindo</u>	<u>6 Ridge Trail</u>	<u>Ormond Beach, FL 32174</u>

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:

Linda Lindo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

386 212-1527
Daytime Phone #

CR2E081 (10/02)

Higher Learning Academy, Inc.
1501 Ridgewood Avenue Suite 105
Holly Hill, FL 32117

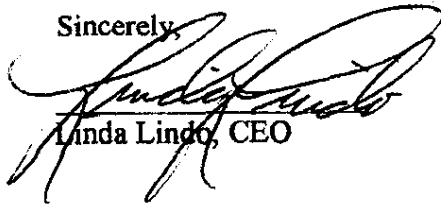
October 15, 2003

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

To whom it may concern;

I am requesting a waiver for my reinstatement for my for profit corporation. I submitted the proper document to the Federal postal service for change of address. Unfortunately, there has been several important mails I either didn't receive or receive after the date. This is why I am now responding to have my certificate reinstatement. I have enclosed the fee of \$150.00 and an additional \$8.75 for a Certificate of Status to reinstatement my certification.
Thank you for your immediate response and consideration.

Sincerely,



Linda Lindo, CEO