

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 AUG 18 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/18/03--01038--003 \*\*900.00

DOCUMENT # P01000122015

**1. Corporation Name**

Electra Learning International, Inc.

**2. Principal Office Address**

25 Hendricks Isle

Suite, Apt. #, etc.

Unit 504N

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

**3. Mailing Office Address**

c/o Cindy Gardner, Accountant

Suite, Apt. #, etc.

4911 Hawk Trail

City & State

Marietta, GA

Zip

30066

Country

USA

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

12/28/01

**5. FEI Number**

80-0039964

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

Robert Steven Bostic

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

25 Hendricks Isle

Suite, Apt. #, Etc.

Unit 504N

City

Fort Lauderdale

State

FL

Zip Code

33301

**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

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
P, S, T	Robert Steven Bostic	25 Hendricks Isle, Unit 504N	Fort Lauderdale, Florida 33301
and D			

**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

Date

(954) 523-1690

Daytime Phone #

CR2E081 (10/02)