PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025238

REINSTATEMENT 03

600024075126
10/24/03--01017--022 **150.00

1. Corporation Name
KAIZEN LEARNING CENTER, INC.

2. Principal Office Address	3. Mailing Office Address
327 PIERCE ST	P.O. BOX 820656
Suite, Apt. #, etc. UNIT 3	Suite, Apt. #, etc.
City & State Hollywood, FL.	City & State So. FLORIDA, FL.
Zip 33331 Country USA	Zip 33082 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03-07-02

5. FEI Number 01-0704667 ☐ 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: ARMANDO JACOMINO

Street Address (P.O. Box Number is Not Acceptable): 327 PIERCE ST.

Suite, Apt. #, Etc.: ROOM 3

City: Hollywood | State: FL | Zip Code: 33019

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 _____ Date 10-17-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	ARMANDO JACOMINO	327 PIERCE ST. Hollywood, FL. 33019	Hollywood, FL. 33019

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: _____ ARMANDO JACOMINO 10/17/03 (954) 579-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kaizen Learning Center, Inc.
P.O. Box 820656
South Florida, Florida 33082-0656

Tel: 954. 579-0645
Fax: 954.680-1799

October 17, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Ref: Kaizen Learning Center, Inc.
Document # P02000025238

To whom it may concern;

Attach please find our Application for Reinstatement form as well as our check for $ 150.00 to cover the processing fee.

We apologize for any inconvenience, but it was not until our accountant asks for the form that we realized we had not received the 2003 Uniform Business Report form.

Upon advice of our accountant we called (850) 245-6059 at which time we were informed our company had been dissolved or revoked effective Sept. 19, 2003 for lack of filing this report.

It was also clarified during this conversation that the registered agent address on file had change over 10 months ago.

We trust the attach documentation will resolve this situation and hope to get Kaizen Learning Center reinstated as a State of Florida corporation.

With nothing further at this time, we remain...

Respectfully;

Armando Iacomino
Kaizen Learning Center, Inc.