

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 15 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038042
1. Corporation Name PROFESSIONAL TUTORING
INC.

REINSTATEMENT 03-04

2. Principal Office Address
70 NW 207 ST
Suite, Apt. #, etc.
MIA FLA
City & State
FLA
Zip
33169 Country
DADE

3. Mailing Office Address
266 NE 141 ST
Suite, Apt. #, etc.
MIA FLA 33161
City & State
FLA
Zip
33169 Country
DADE

500029409765
02/25/04--01070--019 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI-Number 550805705 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 MICHELE LUBIN
Street Address (P.O. Box Number is Not Acceptable)
266 NE 141 ST
Suite, Apt. #, Etc.
MIAMI FLA
City

State
FL Zip Code
33161

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

Michele Lubin

Date 02-17-04

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
	<u>JULIE LUBIN</u>	<u>PRESIDENT FOUNDER 266 NE 141 ST</u>	<u>MIA FLA 33161</u>
	<u>MURIEL LUBIN</u>	<u>VICE PRESIDENT 70 NW 207 ST</u>	<u>MIA FLA 33169</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:

JULIE LUBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-04 3058072221
Date Daytime Phone #