

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 18 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059768

1. Corporation Name

NEW EDUCATION PRESS, INC.

2. Principal Office Address

4216 Torres Circle

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33049

Country

USA

3. Mailing Office Address

same as in # 2

Suite, Apt. #, etc.

City & State

Zip

Country

600038077696

06/18/04--01007--013 **908.75

REINSTATEMENT 03-01

Date Incorporated or Qualified
To Do Business in Florida June 2002

5. FEI Number

753062791

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

Marie-Anne St-Gilles

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

4216 Torres Circle

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33049

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

REGISTERED AGENT MUST SIGN

Date

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
Pres.	Marie-Anne St-Gilles	4216 Torres Circle	West Palm Beach, FL 33049
V-Pres.	Christine St-Gilles	4216 Torres Circle	West Palm Beach, FL 33049
G.Man	Ralph François	112-19, 207th Street	Queen's Village, NY 11429

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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2004 (516) 747-6777

Date

Daytime Phone #

CR2E081 (01/04)