

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000081275**

1. Corporation Name
CHRISTIAN LEARNING DEVELOPMENT INC

2. Principal Office Address **5975 W SUNRISE BLVD.**
3. Mailing Office Address **5975 W SUNRISE BLVD**

Suite, Apt. #, etc. **SUITE 201/202**
Suite, Apt. #, etc. **SUITE 201/202**

City & State **SUNRISE FL.**
City & State **SUNRISE FL.**

Zip **33313** Country **USA**
Zip **33313** Country **USA**

900031086869
03/24/04--01033--012 **900.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number _____ 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 **REYNOLD HERAUX**
Street Address (P.O. Box Number is Not Acceptable) **15343 SW 42 TERRACE**
Suite, Apt. #, Etc. _____
City **MIAMI** State **FL** Zip Code **33185**

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 **3/20/04**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P JESULA J. HERARD	18800 NW 2 AVENUE	MIAMI, FLA. 33159
V SABETRI BABOULLAL	5975 W. SUNRISE BLVD, #201/202	SUNRISE FL. 33313
V ALEX ARCHER	5975 W SUNRISE BLVD, #201/202	SUNRISE FL 33313
REINSTATEMENT		03404
		T. Lewis 3/29/04

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: **Jesula J. Herard** Date **3/20/04** Daytime Phone # **954-583-5978**

Cell **754-367-7118**

CR2E061 (07/04)