

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.

Suite, Apt. #, etc.

SUITE 201/202

City & State

SUNRISE FL.

Zip

33313

Country

USA

3. Mailing Office Address

5975 W SUNRISE BLVD

Suite, Apt. #, etc.

SUITE 201/202

City & State

SUNRISE FL.

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 BABOULAL	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 3/24/04

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 (01/04)