PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 25 AM 9: 10	
DOCUMENT # 90 2000 I 1. Corporation Name Little Believers I	101972 Daycare and Learning	ECRETARY OF STATE ALLAHASSEE. FLORIDA	
Center	•		
2. Principal Office Address 1415 E. Buy St. Sutte, Apt. #, etc.	3. Mailing Office Address 1415 E. Bay S.L. Suite, Apt. #, etc.	03/23/04 01070 005 13108	
City & State Bartow FL Zip Country	City & State BATOW, FL Zip Country	4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. S975 Additional For requires	
33830 US	7. Name and Address of Current Register	CERTIFICATE OF STATUS DESIRED for a Cortificate of Status	
Suite, Apl. 8, Etc. City Barfaw	or Acceptable)	Son State Zip Code FL 33830	
8. I, being appointed the registered agent of the above named corporation, am tamillar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Registered Agent Registered Regist			
Names and Street Addresses of Each Officer an Name of	d/or Director (Florida nonprofit corporations must list at k Street Address of Eac		
Titles Officers and/or Directors	Officer and/or Directo		
TS Wette Igle	- 1 h	ckw Bartow, FL 33830	
		900049901999 04/05/0501045007 **327.50	
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 turther certify that when filling this reinstatement application, the reason for dissolution has been efiminated, 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 cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despiting Phone 9			

March 25, 2005

Department of State Division of Corporations 409 East Gains St.
Tallahassee, FL 32399

Attention: Mr. Tyrone Scott

Dear Mr. Scott,

As per our conversation, I am requesting that all late fees be waived for the year of 2003. The amount of renewal money I was requested to send was sent, but turns out to be the incorrect amount. The amount sent on March 8, 2004 was one hundred thirty-one dollars and twenty five cents (\$131.25). However, the amount should have been three hundred dollars (\$300.00) to cover 2003 and 2004.

I am sending the following today in overnight mail:

\$150.00	for 2003
-131.25	for check number 1009 dated 3/8/04
\$150.00	for 2004
\$150.00	for 2005
+ 8.75	for 2005 Certificate
\$327.50	Total

Mr. Scott, thank you very much for all of your help. It is a pleasure speaking with you.

late Schuse

Sincerely,

Mattie Carter Johnson, pastor U

March 25, 2005

Department of State Division of Corporations 409 East Gains St. Tallahassee, FL 32399

Attention: Mr. Tyrone Scott

Dear Mr. Scott,

As per our conversation, I am requesting that all late fees be waived, because I did not receive notice to renew for the year of 2003, because the notice was sent to the wrong address.

Thank you for your assistance.

Sincerely,

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Inthe Statusa Mattie Carter Johnson