CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 11: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114662

1. Corporation Name

Traffic Education Center, Inc.
P.O. Box 81-4406
Hollywood, FL 33081

400035552384
05/06/04--01012--004 **300.00
03-04

2. Principal Office Address	**3.** Mailing Office Address	**4.** Date Incorporated or Qualified To Do Business in Florida 10/24/2002	
P.O. Box 81-4406	P.O. Box 81-4406		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** FEI Number 32-0040781	Applied For
			Not Applicable
City & State Hollywood, FL	City & State Hollywood, FL		
Zip 33081	Country	Zip 33081	Country	**6.** CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Susan E. Khani

Street Address (P.O. Box Number is Not Acceptable)
3330 Hayes Street

REINSTATEMENT

Suite, Apt. #, Etc.

City Hollywood	State FL	Zip Code 33021

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 04/26/04

CR2E081 (01/04)

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
P	Susan E. Khani	3330 Hayes Street	Hollywood, FL 33021

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: _____ Susan E. Khani _____   954-625-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #