PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

FILED
04 OCT -8 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000130432

**1.** Corporation Name
my little school house, Inc

7178 SW 47 ST
MY LITTLE SCHOOL HOUSE, INC.

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 7178 SW 47 ST | | MY LITTLE SCHOOL HOUSE, INC | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| SUITE A. | | SUITE A. | |
| City & State | | City & State | |
| MIAMI FL | | MIAMI FL | |
| Zip | Country | Zip | Country |
| 33155 | U.S.A | 33155 | U.S.A |

REINSTATEMENT 03-04

**4.** Date Incorporated or Qualified To Do Business in Florida 12/11/2002

**5.** FEI Number 14-1863493 | 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
GUILLERMO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
4011 WEST FLAGLER ST

Suite, Apt. #, Etc.
SUITE 403

| City | State | Zip Code |
|---|---|---|
| MIAMI | FL | 33134 |

**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 G Rodriguez — REGISTERED AGENT MUST SIGN — Date 10/06/04

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/D | KATHERINE SUAREZ-ESPINOSA | 7178 SW 47 ST SUITE A | MIAMI FLORIDA 33155 |
| S/D | JILIANN TAMAYO | 7178 SW 47 ST SUITE A | MIAMI FLORIDA 33155 |
| | | 400041856394 10/13/04--01051--013 **680.00 | |
| | | 400041856394 10/13/04--01051--014 **220.00 | |
| | | | |
| | | | |

**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:** X Liliana Tamayo — 08/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B