


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000048083					
1. Corporation Name National Mathematics Center, Inc.					
2. Principal Office Address 7952 NW 161 Terrace Miami Lakes, FL 33016 Suite, Apt. #, etc.			3. Mailing Office Address 7952 NW 161 Terrace Miami Lakes, FL 33016 Suite, Apt. #, etc.		
City & State Miami Lakes, FL		City & State Miami Lakes, FL		4. Date Incorporated or Qualified To Do Business in Florida 05/01/2003	
Zip 33016	Country U.S.A.	Zip 33016	Country U.S.A.	5. FEI Number 03-0516907 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

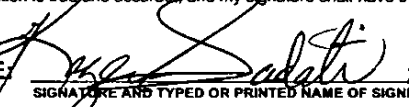
CR2E081 (8/05)

7. Name and Address of Current Registered Agent		
Name KAZEM S. SADATI		
Street Address (P.O. Box Number is Not Acceptable) 7952 NW 161 Terrace		
Suite, Apt. #, Etc.		
City Miami Lakes		
State FL	Zip Code 33016	

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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 Sept. 16, 2005
REGISTERED AGENT MUST SIGN	

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
	KAZEM S. SADATI Owner & President	7952 NW 161 Terrace 09/28	Miami Lakes, FL 33016

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 	KAZEM S. SADATI 09/16/2005 (305) 726-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	