2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P03000067784** 04 NOV -4 AM 11: 45 1. Entity Name QUANTUM LEARNING USA, INC. STORETARY OF STATE TÄLLAHASSTE, FLORIDA Principal Place of Business Mailing Address 205 W DAVIE BLVD 205 W DAVIE BLVD FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State City & State Applied For 41-2106580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name MAGINN, NICOLA Street Address (P.O. Box Number is Not Acceptable) 205 W DAVIE BLVD FORT LAUDERDALE, FL 33315 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change - [] Addition TITLE MAGINN, NICÓLA NAME NAME STREET ADDRESS 1181 SE 6 AVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change MAGINN, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 1181 SE 6 AVE CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

-/President N.MAGINN

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2699 s. bayshore drive miami, florida 33133

305 858 5600 **305** 856 3284 fax

www.kaufmanrossin.com

October 15, 2004

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Re: Quantum Learning USA, Inc.

EIN: 41-2106580

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are writing to you on their behalf regarding a notice of intent to dissolve.

KAUFMAN
ROSSIN
CO. PROFESSIONAL
ASSOCIATION
EERTIFIED PUBLIC ACCOUNTANTS

In reviewing the correspondence it appears that there was a notice from your office, indicating that their annual report was not filed. Please be advised that prior to receipt of this notice they did not receive any other correspondence or the original report.

Enclosed is the completed Uniform Business Report along with a check in the amount of \$150.00. Kindly waive the late fee due to the fact that the original report was not received and the taxpayer has always complied in the past.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,

KAUFMAN, ROSSIN & CO.

Lisa K. Grossman, CPA

Enclosures

cc: Nicola Maginn

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