


2004 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P03000082468 | |  |
| 1. Entity Name D & C LEARNING CENTER INC. | | |

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| Principal Place of Business 402-4TH ST. S.E. HAVANA, FL 32333 | Mailing Address 402-4TH ST. S.E. HAVANA, FL 32333 |
|---|---|

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|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address <i>402-4th St SE</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|---------------------------------|
| City & State <i>HAVANA FL 32333</i> | City & State <i>HAVANA P</i> |
| Zip <i>FL</i> | Country <i>GAOSDEM</i> |
| Zip <i>32333</i> | Country <i>GAOSDEM</i> |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent DUPOINT, DORIS 402-4TH ST. S.E. HAVANA, FL 32333 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 *Dupoint Doris* (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DUPOINT, DORIS 402-4TH ST. S.E. HAVANA, FL 32333 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT <i>04</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100043610431 12/23/04--01029--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Doris Dupoint* *12/15/04* Date Daytime Phone #

FILED
04 DEC 15 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12152004 REIN-P CR2E098 (6/04)

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| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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