

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR -1 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                           |  |
|-----------------------------------------------------------|--|
| DOCUMENT # P03000115961                                   |  |
| 1. Entity Name<br>INTERNATIONAL BILINGUAL PRESCHOOL, INC. |  |



|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>1351 NW 32ND CT.<br>MIAMI, FL 33125 | Mailing Address<br>1351 NW 32ND CT.<br>MIAMI, FL 33125 |
|--------------------------------------------------------------------|--------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02182005 REIN-P CR2E098 (6/04)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>20-0318779 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                |  |
|----------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                |  |
| MONTES DE OCA, REBECA S<br>1351 NW 32ND CT.<br>MIAMI, FL 33125 |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

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 \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------|----------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LEON, RUIFINO<br>334 SW 14 AVE.<br>MIAMI, FL 33135 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Leon, Rufino<br>3168 SW 25 ST<br>Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MONTES DE OCA, REBECA S<br>3168-A SW 31 AVE.<br>MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 900048418489<br>03/15/05--01029--024 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Leon, Jairo R<br>3168 SW 25 ST<br>Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 with an address, with all other like empowered.

|                                       |      |                 |
|---------------------------------------|------|-----------------|
| SIGNATURE: <u>Rufino Leon</u> 2/24/05 | Date | Daytime Phone # |
|---------------------------------------|------|-----------------|