2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000083562

1. Entity Name
THE MORNINGSTAR ACADEMY, INC.

FILED
07 NOV -5 AM 11: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1 PURLIEU PLACE SUITE 230 WINTER PARK, FL 32792	10 SHURS LANE PHILADELPHIA, PA 19127

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10102007 REIN P CR2E098 (1/07) 2007

4. FEI Number
55-0870354
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANKS, ANDREW 1 PURLIEU PLACE SUITE 230 WINTER PARK, FL 32792	Name: Eli Pomerantz Street Address (P.O. Box Number is Not Acceptable): ~~10 Shurs Lane~~ 10151 University Blvd ~~Philadelphia PA~~ Suite 334 City: Orlando Fl FL Zip Code: 32817

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] October 16
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MANDEL, HOWARD 1225 MONTGOMERY AVENUE WYNNEWOOD, PA 19096 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 900011189259 10/23/07--01013--020 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #