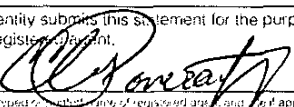
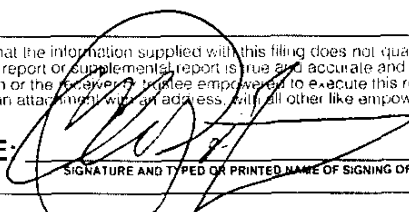


2007 FOR-PROFIT CORPORATION. REINSTATEMENT

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 1 PURLIEU PLACE SUITE 230 WINTER PARK, FL 32792				Mailing Address 10 SHURS LANE PHILADELPHIA, PA 19127			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 55-0870354				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HANKS, ANDREW 1 PURLIEU PLACE SUITE 230 WINTER PARK, FL 32792				7. Name and Address of New Registered Agent 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 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 				DATE October 16			
(NOTE: Registered Agent signature required when reinstating)							
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 WYNNWOOD, PA 19096			TITLE NAME STREET ADDRESS CITY, ST, ZIP	900111189259 10/23/07--01013--020 **750.00		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
DATE				DAYTIME PHONE #			