

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 11 PM 12:11

DOCUMENT # P05000114255

1. Corporation Name

AB LEARNING CENTER CONSULTANT CORP.

2. Principal Office Address - No P.O. Box #

1053 NW 134TH PL.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33182

Country

U.S.A.

3. Mailing Office Address

1053 NW 134TH PL.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33182

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2005

5. FEI Number  
33-1123173

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

BEATRIZ SOLER

Street Address (P.O. Box Number is Not Acceptable)

1053 NW 134TH PL

Suite, Apt. #, Etc.

City

MIAMI, FL.

State

FL

Zip Code

33182

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 01/07/08

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BEATRIZ SOLER	1053 NW 134TH PL.	MIAMI, FL. 33182
T	ARNALDO CUBA	1053 NW 134TH PL	MIAMI, FL. 33182
		B 1/15/08	310114812463
		REINSTATEMENT 06-08	01/1/08-01035-018 ***450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Beatriz Soler*

BEATRIZ SOLER

01/07/08

(305) 300-4809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #