## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000003688

2525 68TH STREET WEST

LEHIGH ACRES, FL 33971

Address: City-St-Zip:

FILED Oct 31, 2008 Secretary of State

Entity Name: ADVANCED LEARNING ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1357 NO. TAMIAMI TRL UNIT B & C NO. FT. MYERS, FL 33903 **New Mailing Address: Current Mailing Address:** 1357 NO. TAMIAMI TRL UNIT B & C NO. FT. MYERS, FL 33903 FEI Number: 20-4470957 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CEDENO, JOSE A JR CASTELLI, HOPE E 2525 68TH STREET WEST 2206 SE 18TH PLACE CAPE CORAL, FL 33990 US LEHIGH ACRES, FL 33971 US 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. SIGNATURE: HOPE CASTELLI 10/31/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CEDENO, JOSE A JR. Name: Name: 2206 SE 18TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: CAMPOS, MARITZA Name: 2206 SE 18TH PLACE Address: Address: CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VS () Change () Addition CASTELLI, HOPE E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HOPE CASTELLI VS 10/31/2008