2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000111828

City-St-Zip:

PENSACOLA, FL 32514

Entity Name: JJM STEP AHEAD LEARNING CENTER, INC.

FILED Nov 17, 2008 Secretary of State

| • | | | | |
|---|---|--|---|--------------------------------------|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| 420 N. HW CANTONI | VY 29 MENT, FL 325 | 533 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 420 N. HW CANTON | VY 29 MENT, FL 325 | 533 | | |
| FEI Number | : 20-8745066 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| BANKS, JO 5760 CED MOLINO, I | ARTOWN RD | JS | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATUI | RE: JOHNNY | 'BANKS | | |
| | Electro | nic Signature of Registered Age | ent | Date |
| | | 93(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | |
| OFFICER | S AND DIREC | CTORS: | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTORS |
| Title: Name: Address: City-St-Zip: | P (BANKS, JOHN 5760 CEDART MOLINO, FL 3 | OWN RD. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | V (GALLOWAY, 3 5662 CEDART MOLINO, FL 3 | OWN RD. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | S (MCCREARY, N | | Title: Name: Address: | () Change () Addition |

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.

City-St-Zip:

SIGNATURE: JOHNNY BANKS D 11/17/2008