

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

04 JUL 16 AM 8:00

DOCUMENT # PA3000038411

1. Corporation Name

The Learning Nest Academy
INC.

REINSTATEMENT 08-04
MRS

2. Principal Office Address

20432 N.W. 44th Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Florida

Zip

33055

Country

U.S.A.

Zip

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Country

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800039239528

07/16/04--01021--002 **1350.00

4. Date Incorporated or Qualified
To Do Business in Florida

May 28, 1993

5. FEI Number

65-0419771

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lois Deetjen

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

14620 N.E. 5th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

07/13/04

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
<u>President / Treasurer / Secretary</u>	<u>LOIS DEETJEN</u>	<u>14620 N.E. 5th Ct.</u>	<u>Miami, Fl. 33161</u>

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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/13/04

Daytime Phone #

CR2E081 (10/02)