

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 29 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000055710*

1. Corporation Name

*Taking off Enterprises, Inc
t/a The Huntington Learning Center*

2. Principal Office Address

819 East Blenda Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Same

Zip

Country

33511

Zip

Country

REINSTATEMENT *97-01*

4. Date Incorporated or Qualified
To Do Business in Florida

July 27, 1994

5. FEI Number

59-3260989

Applied For
Not Applicable *SP*

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard N Davidoff

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

4906 Carleigh Lane

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code
33594

800003953458-3
-04/03/01 --01066--034
****1350.00 ***1350.00*

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

3/14/01

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
<i>Pres</i>	<i>Richard N Davidoff</i>	<i>4906 Carleigh Lane</i>	<i>Valrico FL 33594</i>
<i>Sec</i>	<i>Elene M Davidoff</i>	<i>4906 Carleigh Lane</i>	<i>Valrico FL 33594</i>

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]
Richard N Davidoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/01

Daytime Phone #

*(813)
681-1500*

CR2E081 (9/00)