

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR -4 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069545

1. Corporation Name

Hands on Learning Corp.

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

4360 SABAL PALM RD

Suite, Apt. #, etc.

3. Mailing Office Address

4360 SABAL PALM RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

US

Zip

33137

Country

US

000196813520
03/04/11--01020--007 **1393.75

REINSTATEMENT

07-11

4. Date Incorporated or Qualified
To Do Business in Florida 09/21/1994

5. FEI Number

650543280

☐ 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

Marta Arbulu

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

4360 SABAL PALM RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

REGISTERED AGENT MUST SIGN

Date 3/2/11

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 |
|--------|--------------------------------------|---|--------------------|
| DPS | Marta Arbulu | 4360 Sabal Palm Rd | Miami, FL 33137 |
| DVP | Antonio Arbulu | 4360 Sabal Palm Rd | Miami, FL 33137 |
| | | | |
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| | | | |
| | | | |

10. E-mail Address: ulubra@msn.com and adolfo.jimenez@hklaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/11

Date

305-571-8244

Daytime Phone #