

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 21 2008 165

DOCUMENT # **P 950000 80 744**

1. Corporation Name

B & B - THE EDUCATION COMPANY, INC.

REINSTATEMENT

CR2E081 (12/05)

05-06

2. Principal Office Address
2808 Bay Vista Court

3. Mailing Office Address
2808 Bay Vista Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

Zip
32168

Country
USA

Zip
32168

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
10/18/1995

5. FEEL Number
59-3354406

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
Karen J. Brandner

Street Address (P.O. Box Number is Not Acceptable)
2808 Bay Vista Court

400081962024

Suite, Apt. #, Etc.

11/21/06--01006--012 **900.00

City
New Smyrna Beach, FL

State
FL

Zip Code
32168

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

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
P,D	Karen J. Brandner	2808 Bay Vista Court	New Smyrna Beach, FL
S,T,D	J. William Brandner	2808 Bay Vista Court	New Smyrna Beach, FL

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 contained in Chapter 119, 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:

Karen J. Brandner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/06

Daytime Phone #

B. Mitchell NOV 21 2008