PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Katherine Ha Secretary of S DIVISION OF CORPO	arris State	THEO TARY OF
DOCUMENT # P96000031616 1. Corporation Name			01 OCT 26 PM 4: 04
STORY TIME EARLY LEARNING CENTER, INC.			,
Principal Place of Business Mailing Address			
10046 MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 TAMARAC FL 33321			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		REINSTATEMENT OC	
uite, Apt. #, etc.		/ /	Date Incorporated or Qualified To Do Business in Florida 04/10/1996
City & State City & State			5. FEI Number Applied For Not Applicable
Zip Country	Zip Counti	ry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpor	ations must list at leas	ust 3 directors)
		reet Address of Each flicer and/or Director	
P MARDAK, PAULETTE (OUNCE) 1250 ORCHARD		LANE	ELM GROVE WI 53122
S KREVOY, SHARON	10146 MCNAB R	OAD-	TAMARAC FL 33321-
Marrie Si Vicelor	HOE 10046 (es. Mc/	100004677361-9 -11/13/01-01091-029 ****750.00 ****750.00
8. Name and Address of Current R	legistered Agent		9. Name and Address of New Registered Agent
ROSE, PETER A ESQ. 2101 NORTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE FL 33311 Name Street A Street A City			O. Box Number is Not Acceptable)
10. I, being appointed the registered agent of the abov	e named corporation, am familiar w	ith and accept the obli	eligations of Section 607.0505, F.S.
Signature of Registered Agent Date 1/1/2001			
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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date			