

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 996000046492

1. Corporation Name

Tutor Time Child Care Systems, Inc.

Principal Place of Business

Mailing Address

621 N.W. 53rd Street  
Suite 450  
Boca Raton, Florida 33487

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5/30/96

5. FEI Number

65-0289620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	Weissman, Richard	<del>621 NW 53rd St</del> 4517 N.W. 31st Avenue	<del>Boca Raton, FL 33487</del> Fort Lauderdale, FL
COBS	<del>Weissman, Michael</del>	<del>4517 NW 31st Avenue</del>	<del>Fort Lauderdale, FL</del>
SD	<del>Weissman, Michael</del>	<del>4517 N.W. 31st Avenue</del>	<del>Fort Lauderdale, FL</del>
SVP	Chiras, David	4517 N.W. 31st Avenue	Fort Lauderdale, FL

8. Name and Address of Current Registered Agent

~~Neesa B. Warlen  
621 N.W. 53rd Street  
Suite 450  
Boca Raton, Florida 33487~~

9. Name and Address of New Registered Agent

Name: Frank Mender, Esq  
Street Address (P.O. Box Number is Not Acceptable):  
621 NW 53rd St.  
Suite, Apt. #, Etc.: Suite 450  
City: Boca Raton  
F: 600002769386-4  
-02/09/99-01054-005  
\*\*\*750.00 \*\*\*750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/3/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

Richard S. Weissman, President

Date

Daytime Phone #

12/3/98 (561) 9946226

CR2E040 (12/95)