

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 # P96000049989

1. Corporation Name

SUM LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

1150 CAMPO SANO AVE #200
CORAL GABLES FL 33146

1150 CAMPO SANO AVE #200
CORAL GABLES FL 33146

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or
To Do Business in Florida

06/04/1996

5. FEI Number

65-0674085

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
DP	URIBE, JOHN	1150 CAMPO SANO AVE #200	CORAL GABLES FL 33146
DV	ZVIJAC, JOHN	1150 CAMPO SANO AVE #200	CORAL GABLES FL 33146
DT	HECHTMAN, KEITH	1150 CAMPO SANO AVE #200	CORAL GABLES FL 33146
S	VARGAS, LUIS	15921 SW 104TH TERRACE	MIAMI FL 33196

8. Name and Address of Current Registered Agent

ZVIJAC, JOHN
1150 CAMPO SANO AVE #200
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

12/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

FILED

99 JAN -8 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT

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B 1/18/99

CR2E040 (9/96)