2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000050728 1. Entity Name THE LEARNING CORNER TUTORIAL CENTER, INC.								FILED 04 DEC 13 PM 2: 21			
Principal Place of Business Mailing Address							1 _	SECRETARY	STATE TO OBLA		
3906 N.W. 167TH STREET				906 N.W. 167TH STR		1/2	SECRETARY OF TALLAHASSEE,	PEURIUM			
MIAMI, FL 33054				MIAMI, FL 33054			9 % b				
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2. Principal Place of Business				3. Mailing Address							
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			12012004	STATEME	E038 6/04	<i>D4</i>	
City & State				City & State		4. FEI Numb 65-067		<u> </u>	plied For The table		
Zip!	Country			Zip Count		ntry	5. Certificate	e of Status Desired	\$8.75 Addi		
6. Name and Address of Current			t Regis	tered Agent	Τ	7. Name and	d Address of New Registered	<u></u>			
of the state of th						Name					
JOHNSON, CARLETHA B 3511 N.W. 171ST STREET						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33056											
					City	<u></u>	F	L Zip Code	•		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
the obligations of registered agent											
SIGNATURE CONFORM 12/8/2004											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when retrestating)											
		EE IS \$750.00 05, Fee will be \$900	.00								
10.	·	OFFICERS AN	D DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE	PD PARROTT, DEBORAH Y			Delete		. I			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAS STF		EET ADDRESS					
CITY-ST-ZIP	1	KA, FL 33056			CIT	Y-ST-ZIP					
TITLE	STD			☐ Delete	TITL	.E			Change	☐ Addition	
NAME	JOHNSON, CARLETHA			NAM			41	00043373	544		
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CITY-ST-ZIP						Y-ST-ZIP .					
12. hereby	certify that th	e information supplied w	ith this	filing does not qualify to	or the ex	emption stated in	Section 119.07(3	3)(i), Florida Statutes. I further	certify that the in	nformation	
of the cor	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingent with phyaddress, with all officer like empowered.										
changed, or on an attackfroent with af/address, with all other like empsylvered.											