

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000022661**

1. Corporation Name

THE ADVANCE LEARNING CENTER INC.

2. Principal Office Address

2335 NW 107th ST

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33167

Country

USA

3. Mailing Office Address

2335 N.W. 107th ST

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33167

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 20, 1998

5. FEI Number

650776584

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

Sharon D. Troy

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

2335 N.W. 107th ST

Suite, Apt. #, Etc.

City

Miami

000003220930--6

04/24/00 0119 028

****300.00 ****300.00

REINSTATEMENT 99-00

State
FL

Zip Code
33167

TS

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

Sharon D. Troy
REGISTERED AGENT MUST SIGN

Date **4/12/00**

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
Pres	Sharon D. Troy	2335 N.W. 107 th ST	Miami, Fla. 33167
V.P.	Sharon D. Troy	2335 N.W. 107 th ST	Miami, FL 33167
Sec	Sharon D. Troy	2335 N.W. 107 th ST	Miami, FL 33167

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 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: **Sharon D. Troy** Date **4/12/00** Daytime Phone # **(305) 835-7356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #