

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -7 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *797000022661*

1. Corporation Name

The Advance Learning Center Inc.

2. Principal Office Address - No P.O. Box #

9400 N.W. 17th Ave

3. Mailing Office Address

9400 N.W. 17th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33147

Country

USA

Zip

33147

Country

USA

7. Name and Address of Current Registered Agent

Name

SHARON D. TROY

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

9400 N.W. 17th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

5/30/07

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
<i>Pres.</i>	<i>SHARON D. TROY</i>	<i>9400 N.W. 17th Ave</i>	<i>Miami, Fla. 33147</i>

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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 contained in Chapter 119, 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* *Sharon D. Troy* *5/30/07* *(305) 835-7356*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26/11