

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000022661

1. Entity Name  
THE ADVANCE LEARNING CENTER, INC.



Principal Place of Business  
9400 NW 17 AVE  
MIAMI, FL 33147 US

Mailing Address  
9400 NW 17 AVE  
MIAMI, FL 33147 US

FILED  
09 JUN 16 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-05  
06152009 REIN-P. CR2E098 (1/09)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0776584

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROY, SHARON D  
9400 NW 17 AVE  
MIAMI, FL 33147

Name *N/A*

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME TROY, SHARON D  
STREET ADDRESS 9400 NW 17 AVE  
CITY-ST-ZIP MIAMI, FL 33147

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #