

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 NOV 19 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000032491					
1. Corporation Name EARLY LEARNING EXPERIENCE OF PALM BEACH GARDENS, INC.					
Principal Place of Business 8688 Kelso Drive Palm Beach Gardens, FL 33418		Mailing Address 8688 Kelso Drive Palm Beach Gardens, FL 33418			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 11080 Prosperity Farms Road Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 11080 Prosperity Farms Road Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/10/97	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		5. FEI Number 65-0742910	
Zip 33410	Country	Zip 33410	Country	6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PSTD	Elizabeth T. Plotkin	11080 Prosperity Farms Road	Palm Beach Gardens, FL 33410		
			200002695062--4 -11/24/98--01031--011 ****750.00 ****750.00		
			<i>JB</i> <i>11-19-98</i>		
8. Name and Address of Current Registered Agent AmeriLawyer Chartered 343 Almeria Avenue Coral Gables, Florida 33134			9. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A., d/b/a AmeriLawyer Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Suite, Apt. #, Etc. City Coral Gables		
			State FL	Zip Code 33134	
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 By: <i>Natalia Utrera</i> Natalia Utrera, Vice President					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Elizabeth T. Plotkin</i> Elizabeth T. Plotkin <i>6/13/98</i> <i>561 6940079</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (2/95)