
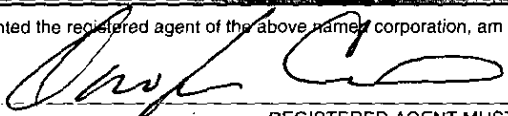


CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 MAR 23 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P98000003584			
1. Corporation Name Little Scholar Courtyard, Inc.			
2. Principal Office Address 7818 Armenia Ave.		3. Mailing Office Address 7818 Armenia Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tamp, FL		City & State Tampa, FL	
Zip 33604	Country USA	Zip 33604	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 1/13/98	
		5. FEI Number 59-3488221 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fee required for a Certificate of Status \$8.75	
7. Name and Address of Current Registered Agent			
Name Onofre Cintron, Esq.		4000003187774-5	
Street Address (P.O. Box Number is Not Acceptable) 305 N. Parsons Ave.		-03/29/00-01006-028	
Suite, Apt. #, Etc.		****900.00 ****300.00	
City Brandon		State FL	Zip Code 33510
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 		Date 3/20/00	
REGISTERED AGENT MUST SIGN			
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
D	Domingo Santa Cruz	7818 Armenia Ave.	Tampa, FL 33604
JLS			
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: Domingo Santa Cruz		Date 3/20/00	Daytime Phone # (813) 651-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			