PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

DOCUMENT # P98000007209

1. Corporation Name

THE LEARNING SCHOOL, INC.

2. Principal Office Address		3. Mailing Office Address	
1360 Kasim Street		1360 Kasim Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Opa-Locka, Florida		Opa-Locka, Florida	
Zip	Country	Zip	Country
33054		33054	

4. Date Incorporated or Qualified To Do Business in Florida: 01/23/1998

5. FEI Number: 65-0806892 — 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: SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Southwest 22 Street

Suite, Apt. #, Etc.: 4th Floor

City: Miami — State: FL — Zip Code: 33145

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***1050.00 ***1050.00

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent: By: [signature] — REGISTERED AGENT MUST SIGN

Natalia Utrera, Vice President

Date: May 21, 2002

CR2E031 (9/01)

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
PTD	Roberts, Mona A.	1360 Kasim Street	Opa-Locka, Florida 33054
VSD	Roberts, Alton J.	1360 Kasim Street	Opa-Locka, Florida 33054

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: [signature] Alton. J. Roberts, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #