

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98060038410

1. Corporation Name

Fundamental Learning, Inc.

2. Principal Office Address

7380 Sand Lake Rd

Suite, Apt. #, etc.

Suite 500

City & State

Orlando FL

Zip

32819

Country

USA

3. Mailing Office Address

P.O. Box 2629

Suite, Apt. #, etc.

City & State

Bunnell FL

Zip

32110

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3507125

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

Mark Mistie

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

24 Cimmaron Dr.

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

*Mark Mistie*

REGISTERED AGENT MUST SIGN

Date 12/2/03

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	Miste, Mark	24 Cimmaron Dr.	Palm Coast FL 32137

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:

*Mark Mistie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Mistie

12/2/03

Date

386-445-8620

Daytime Phone #

CR2E081 (10/02)

# NU Vision Childcare Corp. *FUNdamentals*

Early Childhood Interactive Learning

September 30, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Fundamental Learning, Inc.  
Reference Number: P98000038410

Please be advised that we did not receive an annual report/uniform business report for the year 2003. We were informed by our registered agent in Louisiana that this report was not filed.

Upon becoming aware of this, we are submitting check #1047 in the amount of \$150.00 as well as the Corporation Reinstatement Form.

Please let this letter serve as proof that we wish to comply to all filing requirements and would like our corporation reinstated and current with the State of Florida.

Thank you for your support and cooperation.

Kimberly Rotunno

7380 Sand Lake Road  
Suite 500  
Orlando, FL 32819

1-866-NVE-KIDS

3960 Howard Hughes Pkwy.  
Fifth Floor  
Las Vegas, NV 89109