

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -7 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P98000044363

1. Corporation Name

CALDWELL EDUCATION SERVICES, INC.

300003464893--8

-11/15/00--01101--009

****750.00 ****750.00

2. Principal Office Address

3936 S. Semoran BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 317

City & State

City & State

Orlando, FLORIDA

Zip

Country

Zip

Country

32822

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

5/14/98

5. FEI Number

59-3509347

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAY MYINT-CALDWELL

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

3936 S. Semoran BLVD

Suite, Apt. #, Etc.

SUITE 317

City

Orlando

State

FL

Zip Code

32822

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

REGISTERED AGENT MUST SIGN

MAY MYINT-CALDWELL

Date OCT 30, 2000

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
P/D	MAY MYINT-CALDWELL	3936 S. Semoran BLVD #317	Orlando, FL 32822

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY MYINT-CALDWELL

Date

OCT 30, 2000

Daytime Phone #

407-

399-8951