PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 MAY 21 PM 1:59

DOCUMENT # P98000071861

1. Corporation Name
Center for School Development, Inc.

2. Principal Office Address	**3.** Mailing Office Address
8122 Glades Road	8122 Glades Road
Suite 387	Suite 387
Boca Raton, FL	Boca Raton, FL
Zip 33435 Country Palm Beach	Zip 33435 Country Palm Beach

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 8-18-1998 SP

5. FEI Number 65 085 9277 ☐ 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: Michael Richard Vitale

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Street Address (P.O. Box Number Is Not Acceptable): 8122 Glades Road

Suite, Apt. #, Etc.: Suite 387

City: Boca Raton State: FL Zip Code: 33435

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: Michael Richard Vitale Date: 5-18-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles (P)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael Richard Vitale	8122 Glades Road, Suite 387	Boca Raton, FL 33435
			05104/99 900560049150

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: Michael Richard Vitale Michael Richard Vitale 5-18-01 561-737-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #