

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

**02 OCT 2002**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000080089

1. Corporation Name

A HIGHER LEARNING INC.

Principal Place of Business

11300 N.W. 87TH COURT  
HIALEAH GARDENS FL 33018

Mailing Address

11300 N.W. 87TH COURT  
HIALEAH GARDENS FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1998

5. FEI Number

65-0867241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GONZALEZ, KATRINA	16255 NW 47 AVE.	OPA LOCKA FL 33054
V	GONZALEZ, XIOMARA	3200 S.W. 16 CT.	FORT LAUDERDALE FL

2000008733132  
10/31/02--01101--001 \*\*150.00

8. Name and Address of Current Registered Agent

GONZALEZ, KATRINA  
16255 NW 47 AVE.  
OPA LOCKA FL 33054

9. Name and Address of New Registered Agent

Name Happy Start Child Care  
Street Address (P.O. Box Number is Not Acceptable)  
11300 NW 87 CT SUITE 125  
Suite, Apt. #, Etc. 125  
City Hialeah Gardens State FL Zip Code 33018

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

  
REGISTERED AGENT MUST SIGN

Date 10-27-02

11. 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

Date

Daytime Phone #

 Gonzalez 10/27/02 (305) 823 8670

# **HAPPY START CHILD CARE & KINDERGARTEN**

**11300 NW 87 COURT. 125 BAY HIALEAH GARDENS, FL. 33018**

**PHONE (305) 823-8670**

**FAX (305)823-6322**

**October, 28, 2002**

**To Whom it May Concern,**

I have just received a notice that as of October 4, 2002 the corporation A higher learning was dissolved we had sent our payment in the sum of \$150.00. The check was not able to get cashed due to insufficient funds, but we never received any letters stating that it was cashed. I spoke to with Jula who said to write a letter and send a new check in the amount of \$150.00. If you have any questions please contact me at (305) 823-8670.

**Thank You**

**Katrina Gonzalez**