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
DIVISION OF CORPORATIONS
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DOCUMENT # P99000001838

1. Corporation Name

AMERICAN HERITAGE SCHOOL OF BOCA DELRAY, INC.

REINSTATEMENT 01

2. Principal Office Address		**3.** Mailing Office Address	
6200 Linton Boulevard		12200 W. Broward Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Delray Beach, Florida		Plantation, Florida	
Zip	Country	Zip	Country
33484	USA	33325	USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-7-99

5. FEI Number: 65-0885509 ☐ 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: JOHN W. PERLOFF, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1177 SE 3rd Avenue

700004706117--4
-12/05/01--01055--019
****750.75 ****8.75

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33316

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: John W. Perloff
REGISTERED AGENT MUST SIGN

Date: November 16, 2001

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
PD	William R. Laurie	12200W. Broward Blvd.	Plantation, FL 33325
V	Douglas R. Laurie	1160 N. Federal Highway	Fort Lauderdale, FL 33304
ST	Lory M. Johnston	889 NW 120th Avenue	Plantation, Florida 33325

$8.75

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: William R. Laurie, Pres — November 16, 2001 — 954-472-0022

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