PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

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

FILED
01 OCT 18 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021427

1. Corporation Name
CORPORATE LEARNING SYSTEMS, INC.

2. Principal Office Address	**3.** Mailing Office Address
121 BRISTOL PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH, FL	City & State
Zip: 32082 Country: ST JOHN	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-3577845 ☐ 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: LYNDA JACKSON MASULLI

Street Address (P.O. Box Number is Not Acceptable): 121 BRISTOL PLACE

300004663093--2
-11/01/01--01068--007
****300.00 ****300.00

Suite, Apt. #, Etc.

City: PONTE VEDRA BEACH State: FL Zip Code: 32082

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: Lynda Jackson Masulli Date: 10/10/01
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres Sec Treas	[redacted] LYNDA JACKSON MASULLI	121 BRISTOL PLACE	PONTE VEDRA BEACH, FL 32082

00-01 4BL

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: Lynda Jackson Masulli LYNDA JACKSON MASULLI 10/10/01 904-280-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Corporate Learning Systems, Inc.
"Investing in People"

Lynda Jackson
President

121 Bristol Place Ponte Vedra Beach, FL 32082
Phone 904•280•7722 • Fax 904•280•2203

October 16, 2001

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

To Whom It May Concern:

This letter is to advise that no Uniform Business Report was ever received by the corporation or the registered agent since Corporate Learning Systems, Inc. was formed in 1999.

I have been informed that when a report was never received, the reinstatement fee is $150.00 per year for for-profit corporations. A check for $300.00 for Years 2000 and 2001 is enclosed along with a completed Corporation Reinstatement Form.

Thank you in advance for facilitating this reinstatement.

Sincerely

Lynda Jackson