

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



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 #

P99 0000 21427

1. Corporation Name

CORPORATE LEARNING SYSTEMS, INC.

2. Principal Office Address

121 BRISTOL PLACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

Zip

Country

32082 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

Suite, Apt. #, Etc.

-11/01/01--01068-007

***300.00 ***300.00

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
REGISTERED AGENT MUST SIGN

Date 10/16/01

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
<i>President</i>	<i>LYNDA JACKSON MASULLI</i>	121 BRISTOL PLACE	PONTE VEDRA BEACH, FL 32082

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/16/01
Daytime Phone # 904-280-7733



Page 2 of 2

Lynda Jackson
President

October 16, 2001

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

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

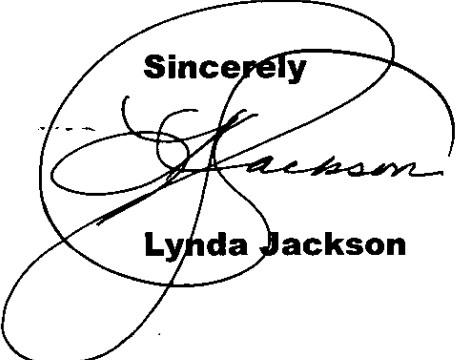
To Whom It May Concern:

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