

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61089**

1. Corporation Name
THE ACADEMIC ADVANTAGE, INC.

Principal Place of Business: **Post Office Box 965, Gulf Breeze, FL 32561**
Mailing Address: **Post Office Box 965, Gulf Breeze, FL 32561**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable 124 Firethorn Road Suite, Apt. #, etc.	3. New Mailing Address, if Applicable 124 Firethorn Road Suite, Apt. #, etc.	4. Date incorporated or Qualified To Do Business in Florida 09/01/92
City & State Gulf Breeze, FL Zip 32561 Country USA	City & State Gulf Breeze, FL Zip 32561 Country USA	5. FEI Number 59-3139454 Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Belle B. Williams	124 Firethorn Road	Gulf Breeze, FL 32561
D/S	Elaine Williams	124 Firethorn Road	Gulf Breeze, FL 32561
			100002003731--2 -11/13/96--01185--008 ***383.75 ***383.75

REINSTATEMENT
B. Williams
11-8-96

8. Name and Address of Current Registered Agent Belle Williams 4161 E. Madura Road Gulf Breeze, FL 32561	9. Name and Address of New Registered Agent Name: Belle B. Williams Street Address (P.O. Box Number is Not Acceptable): 124 Firethorn Road Suite, Apt. #, Etc.: City: Gulf Breeze State: FL Zip Code: 32561
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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.
Signature of Registered Agent: *Belle Williams* Date: **11/07/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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 817.0401, F.S., and that all fees owed by the corporation have been paid. 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: *Belle Williams* **Belle B. Williams** Date: **11/7/96** (904)476-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #