

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 18 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/05/07--01032--011 **808.75

CR2E081 (1/07)

DOCUMENT # P01000070976

1. Corporation Name

GROWING STRONG TEACHERS, INC.

2. Principal Office Address - No P.O. Box #

552 Bolderwood Lane

Suite, Apt. #, etc.

City & State

Carmel, IN

Zip

46032

Country

USA

3. Mailing Office Address

552 Bolderwood Lane

Suite, Apt. #, etc.

City & State

Carmel, IN

Zip

46032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 17, 2001

5. FEI Number

651149627

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

Elaine M. Gatsos, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1499 West Palmetto Park Road

Suite, Apt. #, Etc.

Suite 210

City

Boca Raton

State

FL

Zip Code

33486

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elaine M. Gatsos

Date

REGISTERED AGENT MUST SIGN

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
D	Autumn C. Vavoso	552 Bolderwood Lane	Carmel, IN 46032

B 5/29/07

REINSTATEMENT 04-07

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 contained in Chapter 119, 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:

Autumn C Vavoso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Autumn C VAVOSO

Date

4-12-07

Daytime Phone #

651-260-1780