

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

97 DEC 10 PM 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N39997**

1. Corporation Name  
**PRIVATE SECTOR COUNCIL FOR EDUCATIONAL ASSISTANCE, INC.**

Principal Place of Business 2601 S BAYSHORE DR 600 MIAMI FL 33133 US	Mailing Address 2601 S BAYSHORE DR 600 MIAMI F 33133 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>09/17/1990</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0265660</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FORD, HENRY	2601 S BAYSHORE DR #600	MIAMI FL 33133
SD	PORRAS, FERNANDO ARAMB	2601 S BAYSHORE DR #600	MIAMI FL 33133 200002373912--9 MIAMI FL 33133-01104--005 ****236.25 ****236.25
TD	RILEY, WILLIAM	2601 S BAYSHORE DR #600	MIAMI FL 33133
D	DESOSA, NURI O	2601 S BAYSHORE DR #600	MIAMI FL 33133

**REINSTATEMENT** (97)  
 A. Alan

8. Name and Address of Current Registered Agent <b>HKS&amp;F REGISTERED AGENT CORP.</b> 2601 S. BAYSHORE DRIVE SUITE 600 MIAMI FL 33133		9. Name and Address of New Registered Agent Name <b>ZULEIKA DE PLAZAOLA</b> Street Address (P.O. Box Number is Not Acceptable) c/o 2601 S BAYSHORE DR #600 Suite, Apt. #, Etc. #600 City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33133</b>	
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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: *Zuleika de Plazaola*  
 REGISTERED AGENT MUST SIGN Date: **11/25/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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:** *[Signature]* 11/25/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CFR2E040 (8/97)