

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # N96000003964

1. Corporation Name

THE CENTER SCHOOL, INCORPORATED

Principal Place of Business

Mailing Address

7275 MANASOTA KEY RD
ENGLEWOOD FL 34223

7275 MANASOTA KEY RD
ENGLEWOOD FL 34223
US



REINSTATEMENT

00-02

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

07/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1475342

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
TT	FURY, SANDRA J	9877 GULFSTREAM BLVD	ENGLEWOOD FL 34224
T	FURY, SANDRA J.	9877 GULFSTREAM BLVD	ENFLEWOOD FL
CT	BERNSTEIN, LYNN PHD	7275 MANASOTA KEY RD	ENGLEWOOD FL 34223
T	WORLD, LINDA A	105 W GREEN ST.	ENGLEWOOD FL
ST	PARSONS, RUTH	895 MORRISON AVE	ENGLEWOOD FL 34223
T	FURY, PATRICK T	9877 GULFSTREAM BLVD	ENGLEWOOD FL 34224

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNSTEIN, LYNN R PHD. 7275 MANASOTA KEY RD ENGLEWOOD FL 34223	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	
	State	Zip Code
	FL	

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

Lynn R Bernstein, Ph.D.
REGISTERED AGENT MUST SIGN

Date

3/15/02

11. 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:

Lynn R Bernstein, Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/02 944/474-7170

Daytime Phone #

AD