

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 734426

1. Corporation Name

FLORIDA TEACHING PROFESSION, INC.

Principal Place of Business

213 SOUTH ADAMS ST.  
TALLAHASSEE FL 32301

Mailing Address

213 SOUTH ADAMS ST.  
TALLAHASSEE FL 32301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1975

5. FEI Number

59-1549607

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	RYOR, JOHN AARON WALLACE	213 SOUTH ADAMS ST	TALLAHASSEE, FL 00000- 32301
VPD	DINNEEN, MAUREEN	213 S ADAMS ST	TALLAHASSEE FL 32301
VD	MCCALL, JOANNE BOB LEE	213 S ADAMS ST	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

RYOR, JOHN  
213 SOUTH ADAMS ST  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name RONALD G. MEYER, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
2544 BLAIRSTONE PINES DRIVE  
Suite, Apt. #, Etc.  
City TALLAHASSEE State FL Zip Code 32301

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

000004653590--2  
-10/25/01--01068--009  
\*\*\*\*245.00 \*\*\*\*245.00  
Date 10-19-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Robert F. Lee  
Director

10-19-01

850.224.7400

FILED

01 OCT 19 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01/1/78

CR2E040 (8/01)