

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 739350

1. Corporation Name

THE FLORIDA TEACHING PROFESSION - NEA (FTP-NEA)
HOLDING CORP., INC.

Principal Place of Business

213 S. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

213 S. ADAMS STREET
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1977

5. FEI Number

59-1843674

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
VTD	RYOR, JOHN AARON WALLACE	213 SOUTH ADAMS ST	TALLAHASSEE FL 32301
D	MCCALL, JOANNE BOB LEE	213 S ADAMS ST	TALLAHASSEE FL 32301
PD	GINNEN, MAUREEN	213 SOUTH ADAMS STREET	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

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

Robert F. Lee
Director

Date

Daytime Phone #

300004653579--6
-10/25/01--01068--008
****245.00 ****245.00

FILED

01 OCT 19 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



-10/25/01--01068--008
****245.00 ****245.00

REINSTATEMENT 01

TS

CR2E040 (8/01)

850.244-1974

10-19-01