

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 757686

1. Corporation Name

CARPENTERS TECHNICAL TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

7930 US 301 N  
TAMPA FL 33637

7930 US 301 N  
TAMPA FL 33637

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/23/1981

5. FEI Number

59-2872962

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BLAIR, BRIAN	5503 SEMINOLE AVE.	TAMPA, FL 33604
<del>ST</del>	<del>JONES, LARRY</del>	<del>6215 HARNEY ROAD</del>	<del>TAMPA, FL</del>
PD	JOHNSON, FAL	2917 OXFORD AVENUE	LAKELAND, FL 33803
D	SLUSZ, BERNARD	1871 NEPTUNE DRIVE	ENGLEWOOD FL 34223
ST	HYJEK, FRANK	13021 SIMPSON RD.	DOVER, FL 33527
			500002713505--7 -12/15/98--01089--008 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FRANK HYJEK

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

7930 U.S. 301 NORTH

Suite, Apt. #, Etc.

City

TAMPA

State

Zip Code

FL 33637

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 REQUIRED

Date 12/2/98

REGISTERED AGENT MUST SIGN

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)(f), 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: X SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/98 813 988-3997  
Date Daytime Phone #

CR2E040 (9/88)