PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 10 AM 8:00

DOCUMENT # 758348

1. Corporation Name

Florida Association of Postsecondary Schools And Colleges, Inc.

200025529072
12/16/03--01041--036 **420.00
REINSTATEMENT 00- 03

2. Principal Office Address		**3.** Mailing Office Address	
150 South Monroe			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 303			
City & State		City & State	
Tallahassee, FL			
Zip	Country	Zip	Country
32301	USA		

4. Date Incorporated or Qualified To Do Business in Florida 5/14/1981

5. FEI Number 592444267 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Cecil Kidd

Street Address (P.O. Box Number is Not Acceptable): 150 South Monroe

Suite, Apt. #, Etc.: Suite 303

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached Exhibit "A"		

10. 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: Mark Gutmann President Elect 12/2/03 850-668-6839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR

"Exhibit A"

P/D- David Knobel	**3750W 18 Avenue, Hialeah, FL 33012**
S/D- Al McCloy	**5411 Tyson Avenue, Tampa, FL 33611**
T/D- Nancy Bradley	**1573 W. Fairbanks Ave., Orlando, FL 32789**
D- Gil Bonwitt	**7757 W. Flagler St., Suite 200, Miami, FL 33314**
D- Gary Cosgrove	**2600 Lake Lucien Dr., Ste. 140, Maitland, FL 32751**
D- Mark Guttman	**1700 Halstead Blvd., Bldg. 2, Tallahassee, FL 32308**
D- Belinda Keiser	**1500 NW 49th Avenue, Ft. Lauderdale, FL 33309**
D- Martha Metz	**4000 N. State Rd. 7, #100, Lauderdale Lakes, FL 33319**
D- James Patton	**2410 Metrocentre Blvd., West Palm Beach, FL**
D- Don Slayter	**1819 Semoran Blvd., Orlando, FL 32807**
D- Melissa Wade	**2001 W. Sample Rd., Ste. 318, Pompano Beach, FL 33604**
D- Barbara Woosley	**1395 NW 167th Street, Suite 200, Miami, FL 33319**
D- Cecil Kidd	**150 South Monroe Street, Suite 303 Tallahassee, FL 32301**