

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F00000005151**

1. Corporation Name

**FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

C/O M C EDUCATION INCORPORATED  
1250 S. GROVE AVE., SUITE 200  
BARRINGTON IL 60010

C/O M C EDUCATION INCORPORATED  
1250 S. GROVE AVE., SUITE 200  
BARRINGTON IL 60010

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  
**c/o Sonnenschein**

Suite, Apt. #, etc.  
**600 Hart Road, Ste. 125**

Suite, Apt. #, etc.  
**8000 Sears Tower**

City & State  
**Barrington, IL**

City & State  
**Chicago, IL**

Zip  
**60010**

Country  
**USA**

Zip  
**60606**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/13/2000**

5. FEI Number

**364389724**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	KLETTKE, WILLIAM A	1250 SOUTH GROVE AVE., SUITE 200	BARRINGTON IL 60010
VTAS	MCNICHOLAS, JOHN P JR.	1250 SOUTH GROVE AVE., SUITE 200	BARRINGTON IL 60010
AS	DECATOR, ERIC R	8000 SEARS TOWER	CHICAGO IL 60606
D	JANNOTTA, EDGAR D JR.	6100 SEARS TOWER	CHICAGO IL 60606
D	BUDIN, ETHAN A	6100 SEARS TOWER	CHICAGO IL 60606

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name

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

**800004670008--6**

Suite, Apt. #, Etc.

**-11707701--01004--011**

City

**\*\*\*\*750.00 \*\*\*\*750.00**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/30/01**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/29/01**

Daytime Phone #