

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F00000005205**

1. Corporation Name

FLORIDA TECHNICAL COLLEGE, INC.

Principal Place of Business

Mailing Address

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

C/O M C EDUCATION INCORPORATED
1250 SO. 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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2000

5. FEI Number

364389727

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
PSD	KLETTKE, WILLIAM A	1250 SOUTH GROVE AVENUE	BARRINGTON IL 60010
VTAS	MCNICHOLAS, JOHN P JR.	1250 SOUTH GROVE AVENUE	BARRINGTON IL 60010
AS	DECATOR, ERIC R	8000 SEARS TOWER	CHICAGO IL 60606
D	JANNOTTA, EDGAR D	6100 SEARS TOWER	CHICAGO IL 60606
D	BUDIN, ETHAN A	6100 SEARS TOWER	CHICAGO IL 60606

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

700004670007--9

City

******750**

State

FL

Zip Code ******750.00**

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

10/30/01

REGISTERED AGENT MUST SIGN

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 #

CR2040 (8/01)