

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000006051**

1. Corporation Name

COMPUTER EDUCATION SERVICES CORP.

Principal Place of Business

920 ALBANY-SHAKER ROAD
LATHAM NY 12110-1466

Mailing Address

5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON FL 33486



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

11/26/2001

5. FEI Number

58-2662093

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

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
SCD	KROUSE, RODGER R	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486
TCD	LEDER, MARC J	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486
V	TERRY, CLARENCE E	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486
V	NEIMARK, JASON	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486
V	CALHOUN, KEVIN	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486
V	KREILEIN, DAVID	5200 TOWN CENTER CIRCLE, SUITE 4	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

900024382909

11/03/03--01077--001 **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. or 617.0505, F.S.

Signature of
Registered Agent

James A. Bordonaro
REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date **10/21/03**

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

Elm R. H.

10/24/03 518 786-3666

Date

Daytime Phone #

CR2E040 (7/03)