

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000670

1. Corporation Name

CAREER EDUCATION AND TRAINING Associates,  
Inc.

600162034446  
10/22/09--01033--012 \*\*750.00

2. Principal Office Address - No P.O. Box #

5380 OCEAN Drive

Suite, Apt. #, etc.

60

3. Mailing Office Address

5380 OCEAN Dr

Suite, Apt. #, etc.

60

City & State

Singer Island

City & State

Singer Island

Zip

33404

Country

USA

Zip

33404

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/2002

5. FEI Number  
31-1291125

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

HARRY DRIER

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

5380 OCEAN Dr

Suite, Apt. #, Etc.

60

City

Singer Island

State

FL

Zip Code

33404

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

HARRY DRIER

REGISTERED AGENT MUST SIGN

Date 10-20-09

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
Pres	HARRY DRIER	5380 OCEAN Dr 60	Singer Island, FL 33404
VP	LYNNE N DRIER	5380 OCEAN Dr 60	Singer Island FL 33404
Board	Andrew Drier	2509 Silver Spur Dr	Herndon, VA 20171
Board	Jamie Rinscott	7492 Tottenham Rd	New Albany, OH 43054

DC 10/23

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 contained in Chapter 119, 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:

HARRY DRIER HARRY N DRIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-09

Date

Daytime Phone #

561 842 4335

OR 561 601 8211