


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 AUG -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F0200004738**

1. Corporation Name
Rockhurst University Continuing Education Center, Inc.

2. Principal Office Address: No, P.O., Box # 6901 W 63rd St.		3. Mailing Office Address 6901 W 63rd St.	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Shawnee Mission, KS		City & State Shawnee Mission, KS	
Zip 66202	Country	Zip 66202	Country

AUG 06 2013

CR2E081 (11/10) **T. SCOTT**

4. Date incorporated or Qualified To Do Business In Florida: **5-2-1991**

5. FEI Number: **43-1576558** 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: **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Rd.**

State, Apt. #, Etc.

City: **Plantation** State: **FL** Zip Code: **33324**

000250487860
08/06/13--01024--002 **51.25

000250487860
02/06/13--01021--029 **236.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of Registered Agent: **Madonna Cuddy** Date: **1/24/13**

Madonna Cuddy
Special Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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/D	THOMAS B CURRAN	1100 Rockhurst Rd	KANSAS CITY, MO 64110
DIR	Tom McCullough	1100 Rockhurst Rd	KANSAS CITY, MO 64110
DIR	Guy Swanson	1100 Rockhurst Rd	KANSAS CITY, MO 64110
CEO	Jill Wilson	6901 W 63rd St	Shawnee Mission KS 66202

REINSTATEMENT 12-13

10. E-mail Address: **gfwooley@natsem.com** (To be used for future annual report notification)

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 of 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917.155, F.S.

SIGNATURE: **Jill Wilson** Date: **1-23-17** **913-236-0703**

BEFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR