

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005492

1. Corporation Name

CENTER FOR EMPLOYMENT TRAINING INCORPORATED

Principal Place of Business

Mailing Address

701 VINE ST
SAN JOSE CA 95110

701 VINE ST
SAN JOSE CA 95110

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1994

5. FEI Number

94-1658311

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	MEDAL JOSEPH A	1390 VANCE DR	SAN JOSE CA
CD	Davis, Jack	618 IVY street	Carson city NV
VC	DAVIS, JACK	618 IVY ST	CARSON CITY NV 89703
VC	Weber, Lisa	4400 Soca	
D	LONGORIA, CHRIS	935 KEIKO ST	LOS BANOS CA 93835
D	LEWIS, SONIA	2066 FRUITDALE AVE #9	SAN JOSE CA 95126
D	TERSHEY, RUSSELL	23120 SUMMIT ROAD	LOS GATOS CA 95130
DD	SAPIEN, HERMELINDA	11655 NEW AVE.	GILROY CA 95020

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND RD
600 S. DIXIE HWY
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

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 607.040, F.S.

Signature of
Registered Agent

NASEEM A. GONDE

SPECIAL ASST. SECRETARY

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

N/A

(See other side for information
on Intangible tax.)

12. 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

Date

Daytime Phone #

CR2E040 (9/98)