

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F95000002369

1. Corporation Name

HOSTS EDUCATIONAL CORPORATION

Principal Place of Business

8000 NE PARKWAY DR., #201
VANCOUVER WA 98662-8459

Mailing Address

8000 NE PARKWAY DR., #201
VANCOUVER WA 98662-8459

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

05/15/1995

5. FEI Number

91-1280537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575.00 (Fees for filing this certificate of status are \$575.00 for each certificate of status filed on or after 10/1/94.)

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
D	WOLF, MARTIN R	P.O. BOX 61740	VANCOUVER WA
V	TREFFER, SHEILA K	5100 NE 49TH ST.	VANCOUVER WA 98661
ST	HUNT, DANIEL P	13309 NW FIRST CT.	VANCOUVER WA 98661
DC	GIBBONS, WILLIAM E	3008 NE 43RD ST.	VANCOUVER WA 98663
B	BECKMAN, JOHN C	2800 NW LINNEMERE DRIVE	PORTLAND OR
B	SCHAEFER, ROBERT M	219 DUBOIS CT.	VANCOUVER WA 98666

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Zip Code

500003060435--4

12/03/99 01089-005

***750.00 ***750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/27/99

Jack Caskey, Asst. V.P.

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 in 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

[Signature]
DANIEL HUNT

10/29/99 360-260-1995
Date Daytime Phone #

FILED

99 NOV 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

CR20040 (rev)

HOSTS Corporation
Officers and Directors

Title	Name	Street Address	City/State/Zip
D/V	Sheila K. Tretter	8000 NE Parkway DR #201	Vancouver WA 98662
D/ST	Daniel P Hunt	8000 NE Parkway DR #201	Vancouver WA 98662
D	William E. Gibbons	8000 NE Parkway DR #201	Vancouver WA 98662
D	Robert M. Schaefer	219 Dubois Cr.	Vancouver WA 98686
D/CEO	Chad R. Woolery	1349 Empire Central DR	Dallas TX 75247
D/V	Gregg J Miller	8000 NE Parkway DR #201	Vancouver WA 98662
D	Thomas Jandris	210 E State Street	Batavia IL 60510
D	Eugene Frost Jr.	210 E State Street	Batavia IL 60510