

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

VISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000144

1. Corporation Name

ARDENT LEARNING, INC.

Principal Place of Business

300 STATE ST  
401  
ROCHESTER NY 14614  
US

Mailing Address

300 STATE ST  
401  
ROCHESTER NY 14614  
US

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

01/09/1997

5. FEI Number

16-1428101

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCDS CD	CAIAZZA, KENNETH	64 COBBLE CREEK RD 1993 Elkhorn Dr.	VICTOR NY EUGENE. OR 97408
VT TSD	BOHEM, CATHY L	64 COBBLE CREEK RD 1993 Elkhorn Dr.	VICTOR NY EUGENE. OR 97408
PD	Fox, Richard	155 Gregory Hill	Rochester. NY 14620
			500008792185 11/04/02--01107--027 **150.00

8. Name and Address of Current Registered Agent

CT, CORP.  
1200 S. PINE IS 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  
FL

Zip Code

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

MARCEY L. SMITH

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-28-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

505 454-1240

CR2EQ40 (8/02)



October 25, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Regarding the enclosed application for reinstatement, we have enclosed a check for \$150.00. We did not receive the two prior UBR notices regarding our lapse in filing. If you have any issues regarding our reinstatement please contact Sheila Reimann at 585-454-1240.

Thank You,

A handwritten signature in black ink, appearing to read "Richard Fox", is written over the typed name.

Richard Fox  
President  
Ardent Learning, Inc.