

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000005509

1. Corporation Name

PHIL RITSON EDUCATION FOUNDATION, INC.

Principal Place of Business

ONE PHIL RITSON WAY
P.O. BOX 080677
WINTER GARDEN FL 34787
US

Mailing Address

P.O. BOX 080677
P.O. BOX 080677
ORLANDO FL 32809-0677
US

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.

16301 PHIL RITSON WAY
City & State
Winter Garden FL

Suite, Apt. #, etc.

16301 PHIL RITSON WAY
City & State
Winter Garden FL

Zip
34787

Country

Zip
34787

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/17/1997

5. FEI Number

59-3465631

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	4. City / State / Zip
CD	RITSON, PHIL	ONE PHIL RITSON WAY 16301 WINTER GARDEN FL	WINTER GARDEN FL 34787
DVS	DORSEY, TOM DR.	708 W. JACKSON ST.	ORLANDO FL 32805
DPT	CLARK, LINDA PARKER	ONE PHIL RITSON WAY 16301	WINTER GARDEN FL 34787
DPT	Sadrianna, Jones		
			300003032913--7 11/02/99--01087--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

RITSON, PHILIP V
ONE PHIL RITSON WAY
WINTER GARDEN FL 34787

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-19-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 527 209 717