

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F99000001899**

1. Corporation Name

NOBEL EDUCATION DYNAMICS FLORIDA, INC.

Principal Place of Business

1615 WEST CHESTER PIKE
SUITE 200
WEST CHESTER PA 19382-7956

Mailing Address

1615 WEST CHESTER PIKE
SUITE 200
WEST CHESTER PA 19382-7956

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2991279

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
CASD C	CLEGG, A.J. George H. Bernstein	1400 N. PROVIDENCE RD, SUITE 305 1615 West Chester Pike	MEDIA PA 19063 West Chester, PA 19382
ST	DEANGELO, YVONNE	1400 N. PROVIDENCE RD, SUITE 305 1615 West Chester Pike	MEDIA PA 19063 West Chester, PA 19382
EVPD	FROOK, JOHN R.	1400 N. PROVIDENCE ROAD SUITE 30	MEDIA PA 19063
VPAS	BAILEY, WILLIAM	1400 N. PROVIDENCE ROAD SUITE 30 1615 West Chester Pike	MEDIA PA 19063 West Chester, PA 19382
AS	Kathy E. Herman	1615 West Chester Pike	West Chester, PA 19382

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

000024173500

City

10/27/03-01109-012

State

FL

Zip Code

**750 00

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

James Newsome

JAMES NEWSOME
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/6/03

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:

Yvonne De Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03

Daytime Phone

484-2472000

CR2E040 (7/03)