

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 17 PM 12:24

DOCUMENT # 920009

**1. Corporation Name**

NORTH EASTERN EDUCATIONAL SERVICES INC.  
d/b/a BRITISH ACADEMY

300004416883--6  
06/13/01--01012--028  
\*\*\*\*908.75 \*\*\*\*908.75

**2. Principal Office Address**

1615 UNION STREET

Suite, Apt. #, etc.

City & State

CLEARWATER

Zip

33786

Country

USA

**3. Mailing Office Address**

1615 Union STREET

Suite, Apt. #, etc.

P.O. BOX 1377

City & State

CLEARWATER

Zip

FLORIDA  
33755

Country

USA

**REINSTATEMENT** (00-01)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1983

SP

**5. FEI Number**

59-3312069

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MR. DENNIS WARNES

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

1615 UNION STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Dennis Warnes*

REGISTERED AGENT MUST SIGN

Date 05/14/2001

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	WARNES DENNIS	1615 Union STREET	CLEARWATER FL
DS	WARNES PATRICIA M	1615 Union STREET	CLEARWATER FL

**10. 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:

*Dennis Warnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS WARNES

05/14/2001

Date

727 446 8606

Daytime Phone #

CRZE081 (9/00)