

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K63917

1. Corporation Name

CORRECTIONAL ADVISORY CORPORATION

Principal Place of Business

Mailing Address

3150 WEST ROLLING HILL CIRCLE
APARTMENT 408
DAVIE FL 33328

3150 WEST ROLLING HILL CIRCLE
APARTMENT 408
DAVIE FL 33328

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1989

SP

5. FEI Number

65-0118437

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	TIEDEBERG, JOHN	3150 W. ROLLING HILL CIR	DAVIE FL
T	TIEDEBERG, JOHN	3150 W. ROLLING HILL CIR	DAVIE FL
			900003441689--2
			-10/27/00--01017--022
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name Christopher C. Cloney, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Suite 200 315 SE 7th Street
Suite, Apt. #, Etc. Suite 200
Fort Lauderdale
State FL Zip Code 33301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Tieeberg

10/12/00 954 4758872
Date Daytime Phone #

FILED
00 OCT 16 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000