

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # **N00000000554**

1. Corporation Name

**TREASURE COAST EDUCATIONAL & VOCATIONAL CENTER I
NC.**

Principal Place of Business

Mailing Address

921 ORANGE AVE
FT PIERCE FL 34950

921 ORANGE AVE
FT PIERCE FL 34950



REINSTATEMENT

01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/28/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	INGRAM, JONATHAN	4700 JUANITA AVE	FT PIERCE FL 34946
D	MATTHEWS, CYNTHIA	1910 AVENUE Q	FT PIERCE FL 34950
D	INGRAM, DONNA J	1010 BERMUDA AVE	FT PIERCE FL 34950
D	MCPHEE, P J	PO BOX 2837 N/A	FT PIERCE FL 34954
			600004721226--5 -12/12/01--01079--014 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGRAM, JONATHAN
4700 JUANITA AVE
FT PIERCE FL 34946

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/27/2001**

AD

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

Daytime Phone #

11/27/2001 (561) 465-7454