

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004070

1. Corporation Name

CEERI, INC.

Principal Place of Business

2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311

Mailing Address

2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311

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

06/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1039031

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
D	SULLIVAN, GEORGE	2900 IDS CTR., 80 S. 8TH ST	MINNEAPOLIS MN 55402
D	PORTER, SCOTT	2200 W. MONROE ST.M P.O BOX 1003	DECATUR IN 46733
D	ENGLE, SUSAN	2756 OAKTREE LANE	OAKLAND PARK FL 33309

800008584908
10/25/02--01014--016 **6L25

10/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENGLE, SUSAN M
2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-02

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 #

10-22-02 954-730-7707

CR20040 (802)




October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

CEERI, Inc. did not receive the two prior uniform business report (UBR) notices. Please waive the reinstatement fee.

Thank you,


Susan Engle,
President/Director