

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVAL AND FILED

03 OCT 10 PM 1:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003923**

1. Corporation Name

**TRI TECH PREPARATORY SCHOOL, INC.**

Principal Place of Business

Mailing Address

1515 NW 167TH ST  
 SUITE 150  
 MIAMI FL 33169

1515 NW 167TH ST  
 SUITE 150  
 MIAMI FL 33169

*[Handwritten initials]*

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

**REINSTATEMENT 2003**



400023707124  
 10/10/03--01046--010 \*\*245.00

4. Date Incorporated or Qualified To Do Business in Florida **05/30/2001**

5. FEI Number **65-1113051** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<i>sp</i>	TRICE, PETRENA	16950 N BAY RD #808	MIAMI FL 33060
<i>vdvp</i>	<del>TRICE, PETRENA</del> <i>Treasurer S. Wallace</i>	<del>16950 N BAY RD #808</del> <i>211 N. Valley St Burbank, CA</i>	MIAMI FL 33060
<i>T</i>	BRIDGES-MORGAN, VALERIA	952 NW 87 ST	MIAMI FL 33150

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRICE, PETRENA 16950 N BAY RD #808 MIAMI FL 33060	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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 *Petrena Trice* Date *10/08/03*  
 REGISTERED AGENT MUST SIGN

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: *S. Wallace* Date *10/08/03*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE0040 (7/03)