

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N010000007680**

1. Corporation Name

**National Association of Professional
College Advisors, Inc.**

2. Principal Office Address

3655 Cortez Rd. W.

Suite, Apt. #, etc.

Ste 150

City & State

Bradenton FL

Zip

34210

Country

Manatee

3. Mailing Office Address

3655 Cortez Rd. W.

Suite, Apt. #, etc.

Ste 150

City & State

Bradenton FL

Zip

34210

Country

Manatee

800008544408

10/23/02--01043--005--**245.00

REINSTATEMENT

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

Oct. 29, 2001

5. FEI Number

37-1417100

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

Michael O. Traynor

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

4503 22nd Ave W.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

Michael O. Traynor

Date **10/8/02**

REGISTERED AGENT MUST SIGN

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
Pres	Ron Them	5334 Crossing Lane	Dublin, OH 43016
V. Pres	Michael O. Traynor	4503 22nd Ave West	Bradenton, FL 34209
Secretary	Michael O. Traynor	4503 22nd Ave West	Bradenton, FL 34209
V. Pres	Rick Darvis	121 North Main St.	Plentywood, MT 59254
Treasurer	Rick Darvis	121 North Main St.	Plentywood, MT 59254

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:

Michael O. Traynor

Michael O. Traynor

Date

10/08/02

Daytime Phone #

941-739-9255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)