

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N02000003072

1. Corporation Name

EXCEPTIONAL EDUCATION OUTREACH, INC.

Principal Place of Business

Mailing Address

4121 WOODRIDGE RD  
MIAMI FL 33133

4121 WOODRIDGE RD  
MIAMI FL 33133

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

☒ Date Incorporated or Qualified  
To Do Business in Florida

04/24/2002

☒ FEI Number

30-0070498

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
D	FINCHER, LANG	4121 WOODRIDGE RD	MIAMI FL 33133
D	FINCHER, JANE	4121 WOODRIDGE RD	MIAMI FL 33133
D	COSGRIFF, KARLA	4121 WOODRIDGE RD	MIAMI FL 33133
D	VLASOV, PETER	4121 WOODRIDGE RD	MIAMI FL 33133
D	EASTON, ELIZABETH	4121 WOODRIDGE RD	MIAMI FL 33133
500023871035 10/17/03--01022--032 **236.25			

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.-  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

JANE FINCHER

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

4121 WOODRIDGE RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

305 860 2683

FILED

03 OCT 17 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)