

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 13 PM 4:37

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004052

**1. Corporation Name**

Manatee Technical Institute Foundation, Inc.

**2. Principal Office Address**

1707 71 Street NW

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Zip

34209

Country

USA

Zip

Country

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

5/28/02

**5. FEI Number**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

**7. Name and Address of Current Registered Agent**

Name

Harrison, Hendrickson & Kirkland, P.A.

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

1206 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton,

State  
FL

Zip Code

34205

100054208221  
05/10/05--01045--013 \*\*367 50

**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

*A. Joseph Harris* VP/sec  
REGISTERED AGENT MUST SIGN

Date 4/11/05

**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
D	Richard T. Conard	1707 71 Street NW	Bradenton, FL 34209
D	John Ziemnecki	4301 32 Street W	Bradenton, FL 34205
D	Clayton Sutton	2123 46 Street Court E	Bradenton, FL 34208

**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:

*Richard T. Conard*

Richard T. Conard, Director April 11, 2005 941-713-7085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)