PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT Secr					TMENT OF STA of State orporations	ATE		FILED 06 MAR -7 AM 10: 13				
DOCUMENT # N02000007297 1. Corporation Name							CALLAHASTEE, FLOINDA					
Florida Association for Institutional Research							4.0 03/19	000678 70601009-	833; -026 *	1 -4 ⊛183.7	5	
2. Principal Office Address C/O Dr. Charlene Herreid c/o Dr				Office Address . Charlene Herreid			REI		VIEV.	11 04	ι - <i>p</i> (
Suite, Apt. #, etc. USF Office of Planning & Analysis SVC1001 USF Office				∜, etc. of Planning & Analysis SVC1001			4. Date Incorp	porated or Qualified ness in Florida	nt 24	200	2	
City & State 4202 E. Fowler Ave. Tampa, FL 4202				State 2 E. Fowler Ave. Tampa, FL				59-37421	-	Applied		
3362	620 ÜŠA		33620		ŰŜA		6. CERTIENCATE OF STATUS DESIRED \$8.75			iditional Fee Certificate of	required	
			7. N	ame and A	ddress of Current R	egister	ed Agent					
	່ວ່າ ຮ້ຳherri Sahs											
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	გეს გეს	SECCIVAE Ma	rris Bl	Resea	arch							
	600 S. Clyde Morris Blvd. Office of Inst							State ZipCode 4 0000				
	שם	tona Beach						FL 321	14-39	00		
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 Such Such Section 607.0505 or 617.0503, F.S. Pate 3/1/06												
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 direct										··· · - · · · - · · · · · · · · · · · ·	-	
Titles Name of				Street Address of Each			<u> </u>	c	ity / State / Z	in		
	Officers and/or Directors			Officer and/or Director								
Р	Sherri Sahs			ERAU 600 S. Clyde Morris Blvd. OIR Corsair Hall Suite 103			Daytona Beach, FL 32114-3900					
ST	Charlene Herreid			USF Planning & Analysis SVC1001, 4202 E. Fowler Ave			2 E. Fowler Ave.	Tampa, FL 33620				
PE	Travis Thompson			USF Planning & Analysis SVC1001, 4202 E. Fowler Ave			2 E. Fowler Ave.	Tampa, FL 33620				
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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 filling 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 contained in Chapter 119, 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: Sherri Sahs 3/1/06 (386) 226-6225												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										— I		



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

February 22, 2006

To Whom It May Concern:

The Florida Association for Institutional Research was incorporated as a Florida non-profit corporation on September 24, 2002 and dissolved for non-payment of annual fees in 2004.

We are requesting reinstatement as a Florida non-profit corporation. I have been secretary-treasurer of the organization since July 2003 and never received the annual report notice in the year of dissolution/revocation or in any year afterward.

We are therefore requesting that the Florida Association for Institutional Research be reinstated with payment of the missed annual fees only, excluding the penalty fee, as provided for in the instructions accompanying the application for reinstatement.

Enclosed is a check for \$183.75 for the annual fees for the three years since dissolution.

Thank you very much.

Charlen H. Herrid

Charlene H. Herreid, Ph.D.

Secretary-Treasurer,

Florida Association for Institutional Research c/o USF Office of Planning & Analysis SVC1001

4202 E. Fowler Ave.

Tampa, FL 33620