

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

		KEINOIA		7	,		•		
DOCUMENT # N02000008561							ı	FILED	
1. Entity Name							05 N	C 21 7	7. 24
THE MENTORING CENTER, INCORPORATED						ļ, .			Z [.] J;
<u> </u>			NA-Way Address				SEC. TALL		,
Principal Place 515 NORTH I			Mailing Address 515 NORTH FLAGLE	FR DRIVE		₩at -	124-1-1	4.	** 14
SUITE 300 PA	AVILLION		SUITE 300 PAVILLIO	ON		MM			
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401						1 110071101 011 07112			
2. Principal Place of Business 4470 Porturno Way Serter 3. Mailing Address								5301E3 .	
Suite, Apt.	#, etc.	1/4	Suite, Apt. #, etc.			12072005 REIN-NP CR2E099 (6/04) 2005			
West Palm Beach, Florida			City & State			4. FEI Number Applied For 01-0745579 Not Applicable			
ZIU	I COULDY		Zip Cou		intry	5 Certificate of Status Desired \$8.75 Additional			
33409 Palm Beach 6. Name and Address of Current R			Pagistared Agent		7. Name and Address of New Registered Agent				
	6. Nam	e and Address of Current F	registered Agent		Name				
WILSON, I		F .ER DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300	PAVILL	ION							
WEST PALM BEACH, FL 33401					City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE YALL MARKETON									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State									
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	l 10
TITLE	· · · · · · · · · · · · · · · · · · ·					Change Addition			
NAME	INGRAM, RAYMOND					12715/05610506104 **61.25			
					ET ADDRESS - ST-ZIP	12/15/05=-01050=-804 **61.25			
TITLE	T		☐ Delete	TITLE		☐ Change ☐ Addition			
NAME	PERRY,			NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·								
CITY-ST-ZIP TITLE	T	G10N, DC 20056	☐ Delete	TITLE	- ST- ZIP	 		☐ Change	[] Addition
NAME.	,	, JOHN PH.D	☐ Delete	NAMI					
STREET ADDRESS		LMONT DR			ET ADDRESS				
CITY-ST-ZIP	EDAMOTORI, ICC 10070				-ST-ZIP			☐ Change	Addition
TITLE NAME	T WILSON	, LISA	☐ Delete	TITLE	- 1			☐ Change	
STREET ADDRESS	1919 BE	AUTIFUL AVE			ET ADDRESS				
CITY-ST-ZIP	-				-ST-ZIP				
TITLE NAME	T WILSON	, DONALD F	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	WEST P	ALM BEACH, FL 33407	<u>.</u>	CITY	-ST-ZIP				
TITLE			☐ Delete	TITLE	· I			☐ Change	Addition .
namé Street address				NAMI STRE	ET ADORESS				
CITY-ST-ZIP					-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officier or director of the compression or the receiver of the compression or the receiver of the receiver of the compression or the receiver of the compression or the receiver of the receiver of the compression or the receiver of the receiver of the compression of the compression of the receiver of									
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atlachment with an address, with all other like entropy end.									
SIGNATURE: 12-07-05 561 366 9440									
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

** THE MENTORING CENTER, INCORPORATED

BOARD OF DIRECTORS

Margo M. Perry President December 7, 2005

Johne Parker, PhD Vice President

4470 Portofino Way Suite 201 West Palm Beach, FL 33409

Cecelia D. Alexander Secretary

Raymond R. Ingram Treasurer Re: Reinstatement Application and Fee Waiver Request

Marcia Andrews

To It May Concern:

Lisa A. Wilson

Attached you will find the Not-For-Profit Corporation Reinstatement application for The Mentoring Center, Inc.

Donald F. Wilson Executive Director

Please waive the reinstatement fees for the following reasons:

- 1) We are located in a designated Hurricane Disaster Area and were affected by all the south Florida 2005 hurricanes
- 2) We did not receive the documentation due to an address change

A check is enclosed for the non profit status \$61.25 fee.

Sincerely,

Donald F. Wilson Executive Director

The Mentoring Center, Inc. www.thementoringctr.org

4470 Portofino Way Suite 201 West Palm Beach, Florida 33409 (561) 366-9440