

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 28 AM 8:20

DOCUMENT # N03000001996

1. Corporation Name

The Most Improved Student, Inc.  
C/O Northern Trust

REINSTATEMENT 04-06

2. Principal Office Address

1515 Ringling Blvd.

3. Mailing Office Address

1515 Ringling Blvd.

Suite, Apt. #, etc.

Suite #400

Suite, Apt. #, etc.

Suite #400

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/03

5. FEI Number

None

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

R. David Bustard, Esq.

500082102185

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

200 S. Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota

State  
FL

Zip Code

34236

183.75

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

REGISTERED AGENT MUST SIGN

Date

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
P	H. Jack Hunkele	1299 N. Tamiami Tr. #1121 2224 Harbour Court Dr.	Sarasota, FL 34236 Longboat Key, FL 34228
VP	Philip A. Delaney, Jr.	1515 Ringling Blvd.	Sarasota, FL 34236
S	Vickie Brandenburg	1515 Ringling Blvd.	Sarasota, FL 34236
T	Crista Southgate	1515 Ringling Blvd.	Sarasota, FL 34236
	Amie Swan		

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 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:

C. Sauter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-06

Daytime Phone #

941-329-2604

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*The Most Improved Student, Inc.*

c/o Northern Trust  
PO Box 4097  
Sarasota, Florida 34230-4097

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November 17, 2006

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

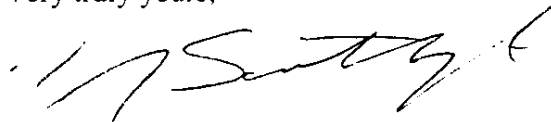
Re: The Most Improved Student, Inc.

Dear Sir/Madame:

Please be advised that The Most Improved Student, Inc. did not receive the annual report notices from the state for years 2004 through 2006, and has been administratively dissolved by the State. We are, therefore, requesting that the reinstatement fee be waived.

Thank you.

Very truly yours,



Christa J. Southgate, Treasurer