

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND4000003078

1. Corporation Name

NTI Articulate Behavioral Learning
Center

WI-6514 WDA-45056

2. Principal Office Address - No P.O. Box #

670 Long Island Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

Country

33312 USA

Zip

Country

USA

REINSTATEMENT 05-10

200168248212
02/08/10--01067--011 **306.25
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 2004

5. FEI Number

020719173

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: Mrs Cathy L Nti

Street Address (P.O. Box Number is Not Acceptable)
670 Long Island Avenue

Suite, Apt. #, Etc.

City: Fort Lauderdale

State: FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

200168248212
02/22/10--01006--021 **70.00

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

Cathy L Nti

REGISTERED AGENT MUST SIGN

Date 10/6/09

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
President	Cathy L Nti	670 Long Island Avenue	Fort Lauderdale FL 33312
VP	Pasthawn Kofi Nti	670 Long Island Ave	Fort Lauderdale FL 33312
Officer	Christina A Nti	670 Long Island Ave	Fort Lauderdale FL 33312
Officer	Pasthawn A Nti	670 Long Island Ave	Fort Lauderdale FL 33312
Officer	Shakeeva C Nti	670 Long Island Ave	Fort Lauderdale FL 33312

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: Cathy L Nti (Cathy L Nti)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/6/09 954-584-8276

Daytime Phone #

2/2/22