

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005004

1. Corporation Name

CONDUCTIVE EDUCATION OF SOUTH FLORIDA, INC

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

1 E BROWARD BLVD

Suite, Apt. #, etc.

SUITE 700

City & State

FT LAUDERDALE

Zip

33301

Country

USA

3. Mailing Office Address

1 E BROWARD BLVD

Suite, Apt. #, etc.

SUITE 700

City & State

FT LAUDERDALE

Zip

33301

Country

USA

7. Name and Address of Current Registered Agent

Name

THOMAS F MCCORMACK

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

1 E BROWARD BLVD

Suite, Apt. #, Etc.

SUITE 700

City

FT LAUDERDALE

State

FL

Zip Code

33301

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 02/02/2010

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
PVS	THOMAS F MCCORMACK	1 E BROWARD BLVD, SUITE 700	FT LAUDERDALE, FL 33301
	REINSTATEMENT	RH	

10. E-mail Address: TOMMCCO@GMAIL.COM

(To be used for future annual report notification)

11. 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, I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900168106179
02/05/10--01035--004 **245.00
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 05/12/2005

5. FEI Number

20-3116357

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.