

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -9 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010224

1. Corporation Name

FAU- Treasure Coast University Schools, Inc

400163477554  
12/09/09--01002--021 \*\*183.75

CR2E081 (11/09)

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

777 Glades Road

Suite, Apt. #, etc.

3. Mailing Office Address

777 Glades Road

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 28, 2006

5. FEI Number

650385507

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

Glenn Thomas

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

777 Glades Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

☒ 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.

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

*Glenn Thomas*

REGISTERED AGENT MUST SIGN

Date 11-16-09

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
Ms	Debbie Hawley	8460 Immokolee Rd.	Ft. Pierce, FL 34951
Dr.	Elijah Watlington	777 Glades Road	Boca Raton, FL 33431
Dr.	Jack Scott	500 NW University Blvd	Port St. Lucie, FL 34986
Honorable	Joseph Smith	2300 Virginia Ave.	Ft. Pierce, FL 34982
Dr.	Valerie Bristor	777 Glades Road	Boca Raton, FL 33431
Ms.	Sandy Wolfe	4204 Okochobee Road	Ft. Pierce, FL 34947

10. E-mail Address: gthomas@fau.edu

(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:

*Glenn Thomas, Pres. & CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-09

Daytime Phone #

561-297-0061

REINSTATEMENT

RH