## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE ... APPLICATION **Katherine Harris FOR** Secretary of State SECRETARY OF STATE REINSTATEMENT DIVISION OF CORPORATIONS N30858 DOCUMENT # 00 NOV 17 PM 1:40 1. Corporation Name CENTRAL FLORIDA CONSORTIUM OF HIGHER EDUCATION. Principal Place of Business Mailing Address 1200 W. INTERNATINOAL SPEEDWAY BLVD. 1200 W. INTERNATINOAL SPEEDWAY BLVD. DAYTONA BEACH COMM. COLL-NORMAN P. WILL DAYTONA BEACH COMM. COLL-NORMAN P. WILL REINSTATEWENI O DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 US เร If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 02/24/1989 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-2980417 City & State City & State \$8.75 Additional Fee required for a Certificate of Status Country Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip and/or Directors A GOCOA FL-32322 CAMBLE, THOMAS DR 1540-CLEARLAKE-RD # b 105 BECKET LANE **HEATHROW FL 32748** MC GEE, E. ANN DR OVIEDO FL 2242 WESTMINSTER TERR B D HITT, JOHN C ORLANDO-FL 1705-SANTA MARIA PL. B GIANINI, PAUL 6 JR. WILL HORMANT Frank Wette 3870 JOHN ANDERSON BRIVE 700 South Beach Street ORMAND BEACH FL 32176 Ormond Beac 30049 DAMON COURT **BEESBURG FL 34788** B WESTRICK: ROBERT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Frank Wetter Ph.D DAYTONA BEACH COMMUNITY COLLEGE 1200 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 32120 obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the Signature of Registered Agent REGISTERED ENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 000003491040

0002106

Applied For

Not Applicable

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