

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

97 OCT 30 PM 12:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N36371**

1. Corporation Name

FLORIDA ASSOCIATION FOR CORRECTIVE TRAINING, INC.

Principal Place of Business

Mailing Address

3522 LORI LN N
 LAKELAND FL 33801

3522 LORI LN N
 LAKELAND FL 33801



REINSTATEMENT 97 10/30

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0192650	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	CROMER, EDREW A.	3522 LORI LN N	LAKELAND FL 33801
DST	CROMER, GRACE D.	1635 HOLLINGSWORTH CREEK	LAKELAND FL 33801
DV	KEYT, THOMAS	1738 PARK DRIVE	LAKELAND FL 33803
TD	TROXELL, DAVID	4934 HIDDEN HILLS DRIVE	LAKELAND FL 33813
D	GONZALES, DAVID	742 WINFREE AVENUE	LAKELAND FL 33801

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 -11/03/97--01156--001
 ****245.00 ****245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CROMER, EDREW A. 3522 LORI LN N LAKELAND FL 33801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Edrew A. Cromer Date: 10/28/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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.

Edrew A. Cromer

SIGNATURE: Edrew A. Cromer Date: 10/28/97 Daytime Phone #: (941) 666-8742
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)