

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N39997

1. Corporation Name

PRIVATE SECTOR COUNCIL FOR EDUCATIONAL ASSISTANCE, INC.

Principal Place of Business

2601 S BAYSHORE DR
600
MIAMI FL 33133
US

Mailing Address

2601 S BAYSHORE DR
600
MIAMI F 33133
US

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

09/17/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0265660

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FORD, HENRY	2601 S BAYSHORE DR #600	MIAMI FL 33133
SD	PORRAS, FERNANDO ARAMB	2601 S BAYSHORE DR #600	MIAMI FL 33133
TD	RILEY, WILLIAM	2601 S BAYSHORE DR #600	MIAMI FL 33133
D	DESOSA, NURI O	2601 S BAYSHORE DR #600	MIAMI FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HKS&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

Name

ZULEIKA DE PLAZAOLA

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

c/o 2601 S BAYSHORE DR #600

Suite, Apt. #, Etc.

#600

City

MIAMI

State

FL

Zip Code

33133

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/25/97

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97

Date

Daytime Phone #



97 DEC 10 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97

A. Alan

12/10/97

CR2E040 (8/97)