

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:50

DOCUMENT # N42535

1. Corporation Name

THE WESTSHORE ALLIANCE PARTNERSHIP SCHOOL, INC.

Principal Place of Business

2203 N. LOIS AVENUE
TAMPA FL 33607
US

Mailing Address

~~5444 BAY CENTER DR~~
~~#115~~
~~TAMPA FL 33609~~
~~US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1991

5. FEI Number

59-3070964

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
DVP	REED, JAMES	5444 BAY CTR DR #115	TAMPA FL 33609
DT	WESSMAN, JIM	5444 BAY CTR DR #115	TAMPA FL 33609
DPC	ROTELLA, RONALD T	5444 BAY CTR DR #115	TAMPA FL 33609
DIR.	MARY JO KYLE	2203 N. LOIS AVE	TAMPA, FL.

8. Name and Address of Current Registered Agent

ROTELLA, RONALD T.
5444 W. BAY CTR DR.
#115
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

MARY JO KYLE, DIRECTOR

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

2203 N. LOIS AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

MARY JO KYLE
REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

MARY JO KYLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00 813/873-2023
Date Daytime Phone #

CR2E040 (8/00)