

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43802

1. Corporation Name

SUNCOAST FLORIDA CHAPTER OF THE AMERICAN SOCIETY
FOR TRAINING AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1231 RANCHWOOD DRIVE
CLEARWATER FL 33764

1331 RANCHWOOD DRIVE
CLEARWATER FL 33764

80

80

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 273114
Tampa, FL

PO Box 273114
Tampa, FL

Zip

Zip

33688

33688

Country

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1991

5. FEI Number

59-3083070

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)

See attachment

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LESTER, ELVIS K <i>Bob Sprague</i>	4912 W. THONOTOSASSA ROAD	PLANT CITY FL 33565
SD	GILL, CAROLE	10002 PRINCESS PALM AVENUE, STE	TAMPA FL 33619
JDVP	JIRACEK, ALICIA	2542 DOGWOOD COURT	CLEARWATER FL 33781
VPD	PETRIMOUX, JOHN	3413 LACEWOOD ROAD	TAMPA FL 33618
VPD	JURADO, ROD	5406 RIVER HILLS DRIVE	TEMPLE TERRACE FL 33617
VPD	SPRAGUE, PETER	1425 WINCHESTER ROAD N	ST. PETERSBURG FL 33710

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESTER, ELVIS K
4912 W. THONOTOSASSA ROAD
PLANT CITY FL 33565

Name Peter Sprague
Street Address (P.O. Box Number is Not Acceptable)
3444 5th Ave N
Suite, Apt. #, Etc.

City St Petersburg

State FL

Zip Code 33713

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-14-03

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:

SIGNATURE REQUIRED Peter A Sprague

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03

Date

727-321-5077

Daytime Phone #

CR2040 (7/03)

202

Suncoast Florida Chapter of the American Society for Training and Development
FEI # 59-3083070

Officers and Directors

P/D	Rod Jurado	5406 River Hills Drive	Temple Terrace, FL 33618
V/D	Peter Sprague	3444 5th Ave N	St. Petersburg, FL 33713
V/D	Ros Guerrie	1400 66th St N	St. Petersburg, FL 33710
V/D	Jennifer Heelan	1070 Technology Drive	Nokomis, FL 34275
T/D	Letetia Liggins	3001 58th Ave S	St. Petersburg, FL 33712

If a street address is needed for
principal office, use:

3444 5th Ave N
St. Petersburg, FL

33713