

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 18 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46675

1. Corporation Name

FLORIDA ASSOCIATION FOR TECHNICAL AND INDUSTRIAL
EDUCATION, INC.

Principal Place of Business

6 HOVE CLARY
1818 BUCCANEER DR
SARASOTA FL 34231
US

Mailing Address

PO BOX 20615
SARASOTA FL 34276
US

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

2. New Principal Office Address, If Applicable

~~TONYA DITTY~~
~~4748 BENEVA RD~~
~~SARASOTA, FL~~
~~34233~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
City & State
Zip

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1992

5. FEI Number

59-3100454

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLARY, HOVE	1818 BUCCANEER DRIVE	SARASOTA FL 34231
D	LUCASSEN, JOHNNIE	C/O GEORGE STONE VOC. TECH CENTE	PENSACOLA FL 32507
DP	MUGGROVE, TONYA DITTY,	SCTI 4748 BONEUA RD	SARASOTA FL 34233
D	USEFOF, BOB MARTIN, Jim.	600 SE 3RD AVE 11TH FLOOR	FORT LAUDERDALE FL 33301
D	BURNS, DANNY Meluch, Michelle	2929 LIQUORS AVE 5603 34th St. W.	JACKSONVILLE FL 32210 BRADENTON, FL 34210

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8. Name and Address of Current Registered Agent

CLARY, HOVE-G
1818 BUCCANEER DR
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name
~~TONYA DITTY~~
Street Address (P.O. Box Number is Not Acceptable)
~~4748 BENEVA RD~~
Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34233

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

10/30/02

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~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02 (941) 924-1365
X350

Daytime Phone #