

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 24 AM 8:38

DOCUMENT # N92000000128

1. Corporation Name

COMMISSION ON ADULT BASIC EDUCATION, INC

Principal Place of Business

218 Annie Street
Orlando FL 32806

Mailing Address

WPA-20689

REINSTATEMENT

95-99

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/92

5. FEI Number

59-3164580

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)

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
P/D.	Sherrie Claiborne	220 Shelby Thompson Lane Harrogate TN 37752	Harrogate TN 37752
V/D.	Anthony F Sabilla, Jr	15 Shirley Lane	New London CT 06320
S.	Gail M Lawson	31 Mill Road	Foster RI 02825
T.	Laurence I Ady	2495 Trentwood Blvd	Belle Isle FL 32812
D.	Albert Campbell	8335 Moss Hill Road	Bryan TX 77808

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****481.25 ****481.25

8. Name and Address of Current Registered Agent

Irby G Pugh
218 Annie Street
Orlando FL 32806

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

Laurence I Ady

REGISTERED AGENT MUST SIGN

Date Sept 1, 1999

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

AD

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Laurence I Ady

9/1/99

407 851-2715

Daytime Phone #

CR2E040 (12-99)