

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 23 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000000495**

1. Corporation Name

BOCA RATON LITERACY ADVISORY COUNCIL, INC.

2. Principal Office Address

200 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

200 N.W. Boca Raton Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

7/08/99 9:0027/023 \$150.00
REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/23/92

5. FEI Number

65-0357523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Holly Davidson Schuttler, Esq.

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

5355 Town Center Road, Suite 801 - The Plaza

Suite, Apt. #, Etc.

Suite 801 - The Plaza

City

Boca Raton

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **8/15/00**

LS

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Victoria Matthews	2519 No. Ocean Blvd., Apt. 108	Boca Raton, FL 33431
Dir.	Sonya Cremin	3140 St. James Drive	Boca Raton, FL 33434
Dir.	Gerri MiLio	6900 Geralda Circle	Boca Raton, FL 33433
Dir.	Victor Elliott	823 S.W. 2nd Street	Boca Raton, FL 33486
Dir.	Holly Davidson Schuttler	5355 Town Center Rd., Ste. 801	Boca Raton, FL 33486

10. 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

Holly Davidson Schuttler, Dir.

Date

8/15/00

561.

368-7700

Daytime Phone #

CR2E081 (9/99)