

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



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

FILED

Jan 06 1999 8:00 am
Secretary of State

DOCUMENT # 193000001761

1. Corporation Name
The Florida Council of Private Colleges, Inc.
2222 E. Hinson Ave.
Haines City, FL 33844

Principal Place of Business Mailing Address

REINSTATEMENT

97-99
ad

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4-19-93	
City & State		City & State		5. FEI Number	
Zip		Country		☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ 38.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
O	Lee, Earle E.	41 N. 20th Street, Unit 17	Haines City, FL 33844
O	Williams, Charles	5238 San Juan Ave	Jacksonville, FL 32210
O	Wade, Larry E.	2240 Edgewood Drive	Panama City, FL 32405
O	Nelson, Frederick H.	9012 Summit Center Way #1305	Orlando, FL 32810

100002734801--9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lee, Earle E. 41 N. 20th Street, Unit 17 Haines City, FL 33844		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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

Earle E. Lee

REGISTERED AGENT MUST SIGN

Date

Jan. 6/1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(f), 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:

Earle E. Lee

Earle E. Lee

Jan. 6, 1999

941-422-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E081 (12/98)