

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 29 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004521**

1. Corporation Name

**Florida North Shore
Technology Centers, Inc.**

2. Principal Office Address

609 Piedmont Dr

Suite, Apt. #, etc.

3. Mailing Office Address

609 Piedmont Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

City & State

Tallahassee, FL

Zip

32312

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3266035

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

Wm B. McBride

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

609 Piedmont Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Wm B. McBride
REGISTERED AGENT MUST SIGN

Date

4/29/05

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
P/T/S	Wm B. McBride	609 Piedmont Dr.	Tallahassee, FL 32312
✓/D	Scott Helzer	10021 Leafwood Dr.	" 32312
✓/D	Rose Glee	6755 Landover Cir.	" 32317

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:

Wm B. McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

850.386.8798

Daytime Phone #

CR2003 (01/05)