

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001337

1. Corporation Name

FRVTA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

401 N. PARSONS AVE.
SUITE 107
BRANDON FL 33510

Mailing Address

401 N. PARSONS AVE.
SUITE 107
BRANDON FL 33510

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



01/13/03 01031 013 \$708.75

2002-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1995

5. FEI Number

65-0585006

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	4 City / State / Zip
D	SANDERS, DELL	4400 N.W. 6TH ST.	GAINESVILLE FL
D	WHIDDEN, JIM	17028 US 19 NORTH	CLEARWATER FL 33764
PD	WILSON, DAVID LANCE	2440 ROBERTA LANE	CLEARWATER FL
VD	KELLY, J. DAVID	17631 NATHANS DRIVE	TAMPA FL 33647
STD	REIGNER, KARLA	11512 HERON HILLS LANE	RIVERVIEW FL 33569

8. Name and Address of Current Registered Agent

DUNBAR, MARC
215 S. MONROE ST.
2ND FLOOR
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of
Registered Agent

Jim Whidden

REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

Karla L. Reigner 10/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-
714-1062



To: CATHY/FLA DEPT OF STATE Fax: 850-245-6017

From: KARLA REIGNER

Date: 01/27/03

Re: DOC# 746462

Pages: 2

CC: REINSTATEMENT

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

DUE TO NON-RECIEPT OF THE RENEWAL OF THE UBR, OUR COMPANY WAS PUT INTO A " INACTIVE STATUS". THE REINSTATMENT FEES AND APPLICATION HAVE ALREADY BEEN SUBMITTED AND DEPOSITED BY YOU ON 1/13/03. WE ARE ASKING FOR A REFUND OF THOSE FEES (DUE TO NON-RECIEPT) AND WOULD LIKE TO HAVE THAT REFUND, APPLIED TO THE 2003 UBR DUES,. IF YOU CHECK THE PAYMENT HISTORY OF OUR COMPANY, YOU WILL SEE WE HAVE NEVER , IN THE PAST 23 YEARS, ASKED FOR A REFUND NOR EVER HAD A NON-RECIEPT OF THE RENEWAL. SO WE ARE HOPING YOU WILL BE UNDERSTANDING AND BE ABLE TO HELP US OUT WITH THIS SITUATION. WE ALSO ASK THAT THIS IS PROCESSED AS SOON AS POSSIBLE BECAUSE WE ARE TRYING TO RENEW OUR WORKERS COMP INSURANCE AND CANNOT DUE SO UNTIL WE ARE "ACTIVE" I CANT EXPRESS TO YOU, HOW IMPORTANT THIS IS.

I APPRECIATE YOUR HELP AND IMMEDAITE ATTENTION TO THIS MATTER.