

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -5 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002176**

1. Corporation Name

FLORIDA ASSOCIATION FOR COMPUTERS IN EDUCATION, INC.

Principal Place of Business

4444 SW 72 TERR
DAVIE FL 33314

Mailing Address

4444 SW 72 TERR
DAVIE FL 33314

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5. FEI Number

59-3298325

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REECE, RICHARD	4911 TYLER ST	HOLLYWOOD FL 33021
P	COSSI, LUCIANO	140 NW 191 ST	MIAMI FL 33169
PD	LUCCHI, NINA	12922 TORA RD	MIAMI FL 33181
TD	SIMMS, LOTTIE J	4444 SW 72 TERRACE	DAVIE FL
D	ORTEGA, JORGE	3087 JUSTICE LANE	TALLAHASSEE FL 32301
S	WARD, FAYE	145 BILLY WARD RD	RED BAY FL 32455

8. Name and Address of Current Registered Agent

SIMMS, LOTTIE
4444 SW 72 TERR
DAVIE FL 33314

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

Lottie J. Simms
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec. 1, 2002

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:

Lottie J. Simms
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-02

Daytime Phone #

305-816-9101 x2104

CR2E040 (8/02)