

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N950000002176

1. Corporation Name

Florida Association for Computers in Education
Inc.

2. Principal Office Address

15133 Sugar Grove Way

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

US

3. Mailing Office Address

7705 Camino Real

Suite, Apt. #, etc.

B217

City & State

Miami, FL

Zip

33143

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593298325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED

06 JAN 31 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

7. Name and Address of Current Registered Agent

Name

Diane Kamentz

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

7705 Camino Real

Suite, Apt. #, Etc.

B217

City

Miami

State

FL

Zip Code

33143

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/27/2006

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	Lisa Connelly	15133 Sugar Grove Way	Orlando, FL 32828
P-Elect	Pauline Luther	301 4 St. SW	Largo, FL 33770
S	Florence McGee	16208 Chastain Rd.	Odessa, FL 34698
T	Diane Kamentz	7705 Camino Real	Miami, FL 33143
D	Angela Choate	551 SW 178 Way	Pembroke Pines, FL 33029
D	Rita Oates	601 San Lorenzo Ave.	Coral Gables, FL 33143

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 contained in Chapter 119, 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]

Diane M. Kamentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/2006

Date

305.995.7618

Daytime Phone #

**Florida Association for Computers in Education
Additional Officers**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Donna Read	790 N W 6th Ave	Boca Raton, FL 33432
D	Richard Reece	4911 Tyler St	Hollywood, FL 33021
D	Diana Holden	63 Crane Dr.	Safety Harbor, FL 34695
Past- P	Lynn Jones	22 Eyrie Drive	Crawfordville, FL 32327