

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Sandra B. Rothenberg  
Secretary  
DIVISION OF CORPORATIONS

**QUALAR**

①

FILED

97 JAN 22 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004719**

1. Corporation Name

**ACADEMY FOR CONTINUING EDUCATION, INCORPORATED**

Principal Place of Business

Mailing Address

P O BOX 693135  
MIAMI FL 33269-0135

P O BOX 693135  
MIAMI FL 33269-0135



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

10/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	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
	Nicholson, Doretha P/O	2190 NW 135th St	Miami, FL 33167
	Lindsay, Shirley I/O	6650 SW 5th St	Pembroke Pines, FL 33023
	Saint-Aubin, Margaret/D	6513 NW 197 Lane	Miami, FL 33015

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\*\*\*\*\*61/25 \*\*\*\*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, RUTH W  
16800 NW 17 AVE  
MIAMI FL 33056

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Ruth Woods Taylor*

REGISTERED AGENT MUST SIGN

Date *December 12, 1996*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Doretha G. Nicholson*  
Doretha G. Nicholson

Date

*12/12/96*

Daytime Phone #

*(305) 685-5123*

CR2E040 (7/96)

Mailing Address  
P.O. Box 69-3135  
Miami, Florida 33229-0135



Telephone: (304) 628-2322  
Fax: (305) 628-2928  
Prayer Line: (305) 628-2332

16800 Northwest 17th Avenue, Miami, Florida 33056

December 13, 1996

Dear Mrs. Sellers,

Regarding our conversation on Thursday Dec. 12, 1996, I am directing this communication. Sometime in May, the completed form Corporation of Annual Report with a check 4/22/96 #5136 in the amount of \$61.25 was sent. So we were surprised by a notice of Administrative Dissolution. However, during the conversation, you stated the corrections that needed to be made and that the form was to be resubmitted with a filing fee of \$61.25.

A sincere thank you for all the consideration and assistance given this matter.

Sincerely,

Ruth Woods-Taylor  
Registered Agent for Academy For Continuing Education