

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 9700000 3973

1. Corporation Name

~~THE~~ NATIONAL COMPUTER EDUCATION FOUNDATION, INC.

Principal Place of Business

3471 S.E. KUBIN AVE.
STUART, FL. 34997

Mailing Address

3471 S.E. KUBIN AVE.
STUART, FL. 34997

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

2. New Principal Office Address, If Applicable

3471 S.E. KUBIN AVE

Suite, Apt. #, etc.

City & State

STUART, FL.

Zip 34997

Country

MARTIN

3. New Mailing Office Address, If Applicable

3471 S.E. KUBIN AVE

Suite, Apt. #, etc.

City & State

STUART, FL.

Zip 34997

Country

MARTIN

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

7-11-97

5. FEI Number

65-0766567

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
PRES	C.R. COVINO	3471 S.E. KUBIN AVE	STUART, FL. 34997
V.P.	RUTH COVINO	3471 S.E. KUBIN AVE	STUART, FL. 34997
DIR.	THOMAS WEIKSNAR	1370 SW. SEA HOLLY WAY	PALM CITY, FL 34990
DIR.	LINDA WEIKSNAR	1370 S.W. SEA HOLLY WAY	PALM CITY, FL. 34990
DIR.	CHRIS HODGE	5031 SW LANDING CREEK RD	PALM CITY, FL. 34990

8. Name and Address of Current Registered Agent

STEVEN VITALE
300 COLORADO AVE.
SUITE 204
STUART, FL. 34994

9. Name and Address of New Registered Agent

Name C.R. COVINO
Street Address (P.O. Box Number is Not Acceptable)
3471 S.E. KUBIN AVE.
Suite, Apt. #, Etc.
City STUART
State FL Zip Code 34997

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

C.R. Covino
REGISTERED AGENT MUST SIGN

Date 1-21-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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

C.R. Covino

1-21-99

Date

561-221-8876

Daytime Phone

CR2E081 (2/98)