


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000003973

1. Corporation Name

NATIONAL COMPUTER EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

3471 S.E. KUBIN AVENUE
STUART FL 34997

3471 S.E. KUBIN AVENUE
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1997

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COVINO, C.R.	3471 S.E. KUBIN AVENUE	STUART FL 34997
VP	COVINO, RUTH	3471 S.E. KUBIN AVENUE	STUART FL 34997
D	WEIKSNAR, THOMAS	1370 S.W. SEA HOLLY WAY	PALM CITY FL 34990
D	WEIKSNAR, LINDA	1370 S.W. SEA HOLLY WAY	PALM CITY FL 34990
D	HODGE, CHRIS	5031 S.W. LANDING CREEK ROAD	PALM CITY FL 34990
			500003496835--9 -12/12/00--01040--027 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-18-00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-00

Daytime Phone #

561-221-8816

KE

CR2E040 (8/00)