

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 28 AM 8:00

**DOCUMENT # N97000003973**

1. Corporation Name

National Computer Education Foundation, Inc.

2. Principal Office Address

13002 Harbour Ridge Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

13002 Harbour Ridge Blvd

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Palm City, Florida

Zip

34990

Country

USA

Zip

34990

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July 11, 1997

5. FEI Number

65-0766576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-03**

**7. Name and Address of Current Registered Agent**

Name

Gwendolyn Sue Deisler

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

13002 Harbour Ridge Blvd

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

*Gwendolyn S. Deisler*  
REGISTERED AGENT MUST SIGN

Date July 25, 2003

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/S/D	Gwendolyn S. Deisler	13002 Harbour Ridge Blvd	Palm City, Florida 34990
V/T/D	Joseph P. Deisler	13002 Harbour Ridge Blvd	Palm City, Florida 34990
D	C. R. Covino, Jr.	3921 SE Fairway W.	Stuart, Florida 34997
D	Jeffrey S. Wenzel	3322 Aaron Drive	New Market, Minnesota 55054
D	Francis P. Lucier	12478 Harbour Ridge Blvd	Palm City, Florida 34990

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 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

*Gwendolyn S. Deisler*

Gwendolyn S. Deisler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/25/03

Date

772-336-1006

Daytime Phone #