

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **197000004814**

1. Corporation Name
CHARACTER EDUCATION, BARTOW PUBLIC SCHOOLS, INC.

Principal Place of Business
Bartow, Florida 33830

Mailing Address
**1190 E. Georgia Street
Bartow, FL 33830**

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. **900002628263--8**
City & State **04/02/99--01095--001**
Zip ******297.50** Country ******297.50**

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
August 25, 1997

5. FEI Number
65-0784652

REINSTATEMENT

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
PRES.	PAUL E. PUCKETT	755 S. FLORAL AVENUE	BARTOW, FL. 33830
TREAS.	MARY OMAH VENT	1190 E. Georgia St.	Bartow, FL 33830
DIR.	LOUISE LANG	665 W. McLeod	Bartow, FL 33830
DI.	CLIFTON LEWIS	790 Waldron Ave.	Bartow, FL 33830
DIR.	EDA MARCHMAN	1625 Wallace Ave.	Bartow, FL 33830
DIR.	KARL PANSLER	5050 Ironwood Trail	Bartow, FL 33830

8. Name and Address of Current Registered Agent

**Mary Omah Vent
1190 E. Georgia St.
Bartow, FL 33830**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City



State **FL** Zip Code

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 **Mary Omah Vent**
REGISTERED AGENT MUST SIGN

Date **March 22, 1999**

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)(b), 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: PAUL E. PUCKETT, PRESIDENT **Paul E. Puckett** **March 22, 1999** 941-533-3487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2-08-172-983