

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000003525**

1. Corporation Name

STUDENTS ARE FOR EDUCATION, INC.

Principal Place of Business

Mailing Address

2925 OPTIMIST DRIVE
MARIANNA FL 32448

~~2925 OPTIMIST DRIVE~~ P.O. Box 261
MARIANNA FL 32447 32447

FILED

00 OCT 17 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3517351

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAMPTON, THAISE A	4366 PEARL STREET, #18 3662 Old US Rd.	MARIANNA FL 32448 6
VD	DUNCAN, CARL J	459 INKWOOD LANE	TALLAHASSEE FL 32310
STD	PRIDGEON, CHANTELE	4366 PEARL STREET, #18 9304 Martin Sewell Dr	MARIANNA FL 32448 Clarksville, FL 32430 000003440350--8 -10/26/00--01088--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LS 1

HAMPTON, THAISE A
2925 OPTIMIST DRIVE
MARIANNA FL 32448

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

Thaise Hampton SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/00

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:

Thaise Hampton SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/00