

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003525

1. Corporation Name

STUDENTS ARE FOR EDUCATION, INC.

REINSTATEMENT 03

000025312420
12/08/03--01014--032 **61.25

2. Principal Office Address
2925 Optimist Drive

3. Mailing Office Address
1034 Fairview Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marianna, Florida

City & State

Marianna, Florida

Zip

32448

Country

USA

Zip

32448

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/16/1998

5. FEI Number

593517351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THAISE A. HAMPTON

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

2925 OPTIMIST DRIVE

Suite, Apt. #, Etc.

City

MARIANNA

State

FL

Zip Code

32448

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

Thaise Hampton

Date

12/03/03

REGISTERED AGENT MUST SIGN

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/D	THAISE A. HAMPTON	106 FAIRVIEW ROAD	MARIANNA, FL 32448
V/P	CARL J. DUNCAN	459 INKWOOD LANE	TALLAHASSEE, FL 32310
S/T/D	CHANTELLE PRIDGEON	1034 FAIRVIEW ROAD	MARIANNA, FL 32448

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:

Thaise Hampton

Thaise A. Hampton

12/03/03

Date

(850) 482-6090

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)