

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005919

1. Corporation Name

AMAZING EXOTICS EDUCATION CENTER OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

17951 SE COUTNY RD 452  
UMATILLA FL 32784

17951 SE COUTNY RD 452  
UMATILLA FL 32784

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

10/15/1998

5. FEI Number

59-3546855

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)

200024022852

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FINSER, JUSTIN W	17951 SE COUTNY RD 452	UMATILLA FL 32784
VSTD	FINSER, YVONNE R	17951 SE COUTNY RD 452	UMATILLA FL 32784
D	NICHOLSON, DENISE	141 BILBAO ST	ROYAL PALM BEACH FL 33411

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, W. GRAHAM  
250 PARK AVENUE SOUTH, 5TH FLOOR  
WINTER PARK FL 32790

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. or 617.0505, F.S.

Signature of  
Registered Agent

Graham W. White

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Yvonne R Finsler Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/03

CR2E040 (7/03)

## **AMAZING EXOTICS EDUCATION CENTER**

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17951 SE CR 452  
UMATILLA, FL 32784  
PHONE: (352) 821-1234  
EMAIL: YFINSER@AOL.COM

October 20, 2003

**TO:**

Florida Department Of State

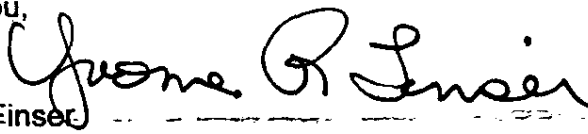
**FROM:**

Amazing Exotics Education Center  
17951 SE CR 452  
Umatilla, Florida 32784

This letter is to notify your office, that we did not receive the prior notices for reinstatement.

Enclosed, please find our application and filing fee for non-profit organization.

Thank you,



Yvonne Finser  
Trustee