

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P00000001965

1. Corporation Name

ATTITUDE ENRICHMENT CENTER, INC.

Principal Place of Business

61 ALAFAYA WOODS BLVD., STE. 208
OVIEDO FL 32765

Mailing Address

61 ALAFAYA WOODS BLVD., STE. 208
OVIEDO FL 32765

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

59-3616591

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	NICHOLAS, NICK	61 ALAFAYA WOODS BLVD., STE. 208	OVIEDO FL 32765

700008726907
10/31/02--01047--020 **150.00

8. Name and Address of Current Registered Agent

NICHOLAS, NICK
496 EASTBRIDGE DRIVE
OVIEDO FL 32765

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02 407-
977-7745

CR2E040 (8/02)

Florida Department of State
Division of Corporations

October 25, 2002

To Whom It May Concern

Yesterday I received a notice of dissolution of my S-Corp, this was the first notification of any kind that I've received from you. Therefore I'm sending you a check for \$150.00 along with the signed form instead of \$750.00 dollars.

Sincerely

Nick Nicholas
President

Attitude Enrichment Center