

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044325

1. Corporation Name

EDUCATORS R US, INC.

Principal Place of Business

4933 EBENSBURGH DRIVE
TAMPA FL 33647

Mailing Address

4933 EBENSBURGH DRIVE
TAMPA FL 33647

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

05/01/2000

5. FEI Number

59-3649260

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TOPRANI, SMITA R	4933 EBENSBURGH DRIVE	TAMPA FL 33647

800008601738
10/25/02--01120--001 **150.00

8. Name and Address of Current Registered Agent

NELSON, SCOTT F
200 S. HOOVER BLVD., BLDG. 201
SUITE 140
TAMPA FL 33609

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/2002

CR2E040 (8/02)

Take
Control

282

Educators R US
4933 ebensburg Dr
Tampa, FL- 33647

Re: Reinstatement of ~~our~~ my corporation.
10/24/02

Dear Madam / Sir,

As per my conversation with one
of your agent, I ~~heavily would~~ did not
received uniform business report for
2002. Now I know of my obligation
and will be comply to all the rules
and regulation by contacting the agency
in case if I do not receive forms for
2003. please accept my apology and a
check for \$150 ⁰⁰/₁₀₀ to reinstate my
corporation.

Thank you again.

Rey Torralba