

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:16

DOCUMENT # P00000058570

1. Corporation Name

ALLIANCE TUTORING INC.

Principal Place of Business

13783 153RD ROAD N.  
JUPITER FL 33478

Mailing Address

13783 153RD ROAD N.  
JUPITER FL 33478

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1015429

Not Applicable

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
Pres	Bruce Castelletti	13783 153RD RD N. JUPITER FL 33478	JUPITER FL 33478
VP	Tina Castelletti	"	"

900004649649--4  
-10/23/01--01038--008  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTELLETTI, BRUCE  
13783 153RD ROAD N.  
JUPITER FL 33478

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

SIGNATURE REQUIRED

Date

10/12/01

REGISTERED AGENT MUST SIGN

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  
Bruce Castelletti

Date

10/12/01 561-744-6612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



## Alliance Tutoring Inc.

13783 153rd Rd N., Jupiter FL33478

561-744-6612 / 866-280-0285

*"A personal trainer for the mind"*

10/12/01

To who it may concern;

We did not receive the report form that was supposed to be sent in this year. I just placed a call with your office and Shawn said to send in the \$150. with this form. Sorry for the inconvenience.

Respectfully

Bruce Castelletti  
President