

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 21 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P00000060616

1. Corporation Name

HIDDEN CURRICULUM EDUCATION, INC.

Principal Place of Business

Mailing Address

~~14621 S.W. 33 COURT -~~  
~~MIRAMAR FL 33027~~

~~14621 S.W. 33 COURT~~  
~~MIRAMAR FL 33027~~



400023992574  
10/21/03--01159--005 \*\*158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3725 South Ocean Drive #923  
Suite, Apt. #, etc.  
#923

3. New Mailing Office Address, If Applicable

3725 South Ocean Drive #923  
Suite, Apt. #, etc.  
#923

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2000

5. FEI Number

65-1028628

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

Zip 33019

Country U.S.A.

Zip 33019

Country U.S.A.

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
DR.	DAVIS, ROZALIA W.	14621 S.W. 33 COURT	MIRAMAR FL 33027
DR.	DAVIS, ROZALIA W.	3725 South Ocean Drive #923	Hollywood, FL 33019

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, ROZALIA W.

~~14621 S.W. 33 COURT~~

~~MIRAMAR FL 33027~~

Name

Davis, Rozalia W.

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

3725 South Ocean Drive #923

Suite, Apt. #, Etc.

#923

City

Hollywood

State

FL

Zip Code

33019

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

*Rozalia W. Davis*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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.

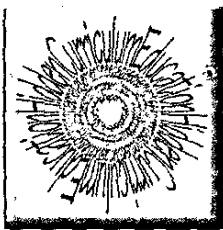
SIGNATURE:

*Rozalia W. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03  
Date

(954)  
457-3387  
Daytime Phone #

CR2E040 (7/03)



Hidden Curriculum Education, Inc.

*Holistic Higher Education Preparation*

October 14, 2003

Ms. Glenda E. Hood  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hood:

I am writing to request a waiver of the corporate reinstatement fee for Hidden Curriculum Education, Inc., as I did not receive either UBR notifications from the Department of State that payment was due. Please note on my application that my principal place of business and mailing address has changed.

I have enclosed the \$150.00 filing fee as required for a for-profit corporation. I am also now fully aware that this fee is due by May 1<sup>st</sup> of each year and will mark my calendar accordingly.

Thank you for consideration of my reinstatement.

Sincerely,

Rozalia Williams Davis, Ed.D.  
President