

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000008571**

1. Corporation Name

PRE-EDUCATION STATION INCORPORATED

Principal Place of Business

109 DIXWOOD AVE.
EDGEWATER FL 32132

Mailing Address

109 DIXWOOD AVE.
EDGEWATER FL 32132

REINSTATEMENT

FILED
03 OCT 31 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100024297351
10/31/03--01002--030 **150.00

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

01/22/2001

5. FEI Number

59-3700356

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
P	CORNELIUS, BOBBIE L	109 DIXWOOD AVE.	EDGEWATER FL 32132
ST	CORNELIUS, MICHAEL LEE	109 DIXWOOD AVE.	EDGEWATER FL 32132

8. Name and Address of Current Registered Agent

CORNELIUS, MICHAEL L
922 LAKE AVE.
EDGEWATER FL 32132

9. Name and Address of New Registered Agent

Name

BOBBIE L. CORNELIUS

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

922 LAKE AVE.

Suite, Apt. #, Etc.

City

EDGEWATER

State

FL

Zip Code

32132

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]
REGISTERED AGENT MUST SIGN

Date

10-22-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-03 386-428-7878

CH2E040 (7/03)

Pre-Education Station
109 N. Dixwood Dr.
Edgewater, FL. 32132

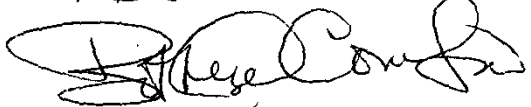
10/22/03

ATTN:

STATE OF FLORIDA DEPT. OF STATE, GLENDA HOOD -

PLEASE ACCEPT THIS LETTER ALONG WITH
MY REINSTATEMENT FEE OF \$150.00.

I HAVE NOT RECIEVED ANY OTHER 2003
NOTIFICATION ON REINSTATEMENT BEFORE
NOW, I DID CALL THE STATE DEPT. IMMEDIATELY
TO TAKE CARE OF THIS. I DO WISH
TO CONTINUE TO HOLD MY CORP. STATE
STATUS, SO I'M ASKING TO PLEASE WAVE
THE LATE FEE AT THIS TIME. THANK YOU
FOR YOUR TIME.

President, Bobbie L. Cornelius

10/22/03