

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 12 PM 1:25

DOCUMENT # P01000013026

1. Corporation Name

TMBD COMPUTER SYSTEMS EDUCATION AND CONSULTING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800008967718  
11/13/02--01060--005 \*\*750.00

Principal Place of Business

207 N. MOSS RD., SUITE 103  
WINTER SPRINGS FL 32708

Mailing Address

207 N. MOSS RD., SUITE 103  
WINTER SPRINGS FL 32708



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

02/02/2001

5. FEI Number

35-2026307

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
PTD	GODWIN, TORRY R	10640 BELO HORIZONTE AVE.	CLERMONT FL 34711
VD	GODWIN, MARVIN E	10640 BELO HORIZONTE AVE.	CLERMONT FL 34711
SD	FELTNER, KAREN	7001 CITRUS POINT CT.	WINTER SPRINGS FL 32792
CD	GODWIN, BONNIE S	10640 BELO HORIZONTE AVE.	CLERMONT FL 34711

8. Name and Address of Current Registered Agent

FELTNER, KAREN  
7001 CITRUS POINT CT.  
WINTER PARK FL 32792

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

CR2E040 (8/02)

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

*Karen Feltner* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/02

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:

*Karen Feltner* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/02

Daytime Phone #

407.3279.367