

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 DEC 30 PM 12:11

DOCUMENT # **P01000101530**

1. Corporation Name

FRONTIER EVALUATION SERVICES, INC.

Principal Place of Business

1598-A METROPOLITAN BLVD.
TALLAHASSEE FL 32308

Mailing Address

1598-A METROPOLITAN BLVD.
TALLAHASSEE FL 32308

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

2. New Principal Office Address, If Applicable

1589-A Metropolitan Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1589-A Metropolitan Blvd
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32309

32309

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2001

5. FEI Number

043642724

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
P	Kay Colvin Guthrie, PhD	1589-A Metropolitan Blvd	Tallahassee FL 32309
V	Mary Hicks, PhD	Same	Same

8. Name and Address of Current Registered Agent

LEVINE, MARK S
245 EAST VIRGINIA ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

KAY COLVIN-GUTHRIE

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

1589-A METROPOLITAN BLVD

Suite, Apt. #, Etc.

TALLAHASSEE, FL

City

State

FL

Zip Code

32308

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

KAY COLVIN-GUTHRIE
REGISTERED AGENT MUST SIGN

Date

12/26/02

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:

KAY COLVIN-GUTHRIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-386-9313

12/26/02

CR2040 (8/02)