

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 10 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014935

1. Corporation Name

AB&C Career Institute, Inc

500085636245
01/23/07--01003--017 **1208.75

CR2E081 (12/05)

2. Principal Office Address

20533 Biscayne Blvd

3. Mailing Office Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

350

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Dade

Zip

33180

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2002

5. FEL Number

02-0543794

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wendy Owens- Frierson

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

1115 NE 209th Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-5-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice Pres	Wendy Owens-Frierson	1115 NE 209th Terr	Miami, FL 33179
President	Sheryl Glover-Clark	12875 No Miami Ave	Miami, FL 33168
Treasure	Georgene Avitabile	2243 Van Bruen Apt 10	Hollywood, FL 33020
Secretary	Stephan Tucker	1115 NE 209th Terr	Miami, FL 33179

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Georgene Avitabile **Georgene Avitabile** **1-5-07** **(305)794-3961**