

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 NOV 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024891**

1. Corporation Name

TECHNICALLY TEACHING, INC.

Principal Place of Business

Mailing Address

921 SE 5TH AVENUE
POMPANO BEACH FL 33060-8109

921 SE 5TH AVENUE
POMPANO BEACH FL 33060-8109



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

Not Applicable

03-040-8039

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
CEO	Charles Eissa	5030 Champion Blvd. G6 404	Boca Raton, FL 33496
			600024994026 11/25/03--01002--014 **150.00
			DOS-450053-100908796 DEPOSIT ONLY 2000.00 11/25/03--01002--013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, DENNIS B P.A.
20801 BISCAYNE BLVD, SUITE 304
AVENTURA FL 33180

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Charles Eissa

5030 Champion Blvd. G6 404

Boca Raton FL

Boca Raton FL

FL

33496

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-19-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Eissa

11-19-03

Date

984-557-8255

Daytime Phone #

CR2E040 (7/03)