

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P-02000069/04
South West FLA/GA INSTITUTE OF
ED, INC

2. Principal Office Address

748 S.W. 14th Street
Suite, Apt. #, etc.
N/A

City & State

Belle Glade FL

Zip
33430

Country

Palm Beach

3. Mailing Office Address

P.O. Box 332
Suite, Apt. #, etc.
N/A

City & State

Belle Glade FL

Zip
33430

Country

Palm Beach

REINSTATEMENT 05-080

CR2E081 (12/05)

W06000047783

4. Date Incorporated or Qualified
To Do Business in Florida

6-21-02

5. FEI Number

22 3857725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willie Lawrence

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

832 W. Canal St. South

Suite, Apt. #, Etc.

N/A

City

Belle Glade, FL

State

FL

Zip Code

33430

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

Willie Lawrence
REGISTERED AGENT MUST SIGN

Date *OCT 24, 2006*

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
P.E.O.	Frances Lightner	748 S.W. 14 th St.	Belle Glade, FL 33430
V.P.	LaTonia Clark	748 S.W. 14 th St.	Belle Glade, FL 33430
Sec.	Betty Royals	715 State Rd.	Belle Glade, FL 33430
Treasurer	Terry Johnson	36 th St. Riviera	West Palm Beach, FL 33430
			000082740600 12/23/06--01029--013 **150.00

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:

Frances Lightner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/06
Date

561-523-4123
Daytime Phone #

K. Eckel DEC 18 2006