

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 SEP -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P02000112131

FEDERAL CAREERS INSTITUTE INC.

2. Principal Office Address

6619 S. Dixie Highway

3. Mailing Office Address

6619 S. Dixie Highway

Suite, Apt. #, etc.

Suite 346

Suite, Apt. #, etc.

Suite 346

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

611428450

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

Donald R. Gillette

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

782 Northwest 42nd Avenue

Suite, Apt. #, Etc.

Suite 205

City

Miami

State
FL

Zip Code
33126

K. Eckel SEP - 7 2005

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

Donald R. Gillette

REGISTERED AGENT MUST SIGN

Date *Sept 2, 2005*

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
DPS	Donald R. Gillette	6619 S. Dixie Highway, Suite 346	Miami, FL 33143

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 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

Donald R. Gillette

Donald R. Gillette

Sept 2, 2005

305-441-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)