

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071710	
1. Entity Name VOCATIONAL & TECHNICAL ARTS INSTITUTE, INC.	



FILED

05 MAR 28 PM 2:14

Principal Place of Business 3801 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064 US	Mailing Address 3801 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064 US
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05/03/04 90698 038 150.00

2. Principal Place of Business 4811 Lyons Technology Pkwy Suite, Apt. #, etc. Bldg B, Suite 28 City & State Coconut Creek, FL Zip 33073 Country U.S.A.	3. Mailing Address 4811 Lyons Technology Pkwy Suite, Apt. #, etc. Bldg B, Suite 28 City & State Coconut Creek, FL Zip 33073 Country U.S.A.
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03242005 REIN-P CR2E098 (6/04)

4. FEI Number 14.1884885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DHANJI, SHAHRUKH 3801 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064
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7. Name and Address of New Registered Agent Name Jackie Lombardi Street Address (P.O. Box Number is Not Acceptable) 4811 Lyons Technology Pkwy Bldg B, Suite 28 City Coconut Creek FL Zip Code 33073
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Lombardi (NOTE: Registered Agent signature required when reinstating) DATE 3/24/05

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Lombardi DATE 3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VOCATIONAL & TECHNICAL ARTS INSTITUTE, INC.
3271 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33064
954-781-6442
FAX: 954-781-2450

March 24, 2005

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Vocational & Technical Arts Institute, Inc.
Document #: P03000071710

To Whom It May Concern:

Vocational & Technical Arts Institute, Inc. did not receive the letter dated May 14, 2004 advising of a request to make corrections to the corporate documents. I am therefore requesting a waiver of the reinstatement fee. The fees for 2004 in the amount of \$150.00 have already been paid. Enclosed please find reinstatement application and payment in the amount of \$150.00 for fees for annual renewal for 2005.

If any additional information is needed, please do not hesitate to contact my office.

Sincerely,



Jackie Lombardi