

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000121718

1. Entity Name
TUTORS OF SOUTHWEST FLORIDA, INC.



FILED

05 NOV -7 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5790 GRAND RESERVE WAY
NAPLES, FL 34110

Mailing Address
5790 GRAND RESERVE WAY
NAPLES, FL 34110

2. Principal Place of Business

8140 College Parkway
Suite, Apt. #, etc.
#108

3. Mailing Address

Suite, Apt. #, etc.

10162005 REIN-P CR2E098 (6/04)

City & State
Ft. Myers, FL

City & State

4. FEI Number
20-1559700

Applied For
Not Applicable

Zip Country
33919 USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, JANE Y
2375 TAMiami TR N STE 310
NAPLES, FL-34103-4439

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/1/05
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GOLUBOCK, BRUCE A
STREET ADDRESS 5790 GRAND RESERVE WAY #1302
CITY-ST-ZIP NAPLES, FL 34110

TITLE D ☐ Delete
NAME GOLUBOCK, SUSAN H
STREET ADDRESS 5790 GRAND RESERVE WAY #1302
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600060772606
CITY-ST-ZIP 10/19/05--01050--014 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

NOV 09 2005
T Roberts
CLUBBINS

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: Susan Golubock Susan Golubock 10-15-05 239-217-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #