

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB -2 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000055716**

1. Corporation Name
EDDY TEACH CORPORATION

2. Principal Office Address - No P.O. Box #

240 E. THIRD ST.

3. Mailing Office Address

240 E. THIRD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST GEORGE IS, FL

City & State

ST GEORGE IS, FL

Zip

32328

Country

FRANKLIN

Zip

32328

Country

FRANKLIN

7. Name and Address of Current Registered Agent

Name

VICKI FROST

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

1527 E. GULF BEACH DRIVE

Suite, Apt. #, Etc

City

ST GEORGE ISLAND

State

FL

Zip Code

32328

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

Vicki Frost

REGISTERED AGENT MUST SIGN

Date

1/21/10

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/C	VICKI FROST	1527 E. GULF BEACH DR	ST. GEORGE IS. FL 32328
V	JAMES FROST	1527 E. GULF BEACH DR	ST. GEORGE IS FL 32328
T	JULIANNA FROST	224 E. PERRY ST.	WALBRIDGE, OH 43465
S	JAMES W. FROST	240 E. THIRD ST	ST. GEORGE IS FL 32328

10. E-mail Address:

(To be used for future annual report notification)

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. Further certify, 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

Vicki Frost
VICKI FROST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/10 859275050

Daytime Phone #

100167826571
02/02/10--01040--012 **300.00

REINSTATEMENT 09-10
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

2006

5. FEI Number

86-1155754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.