


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P22906**

1. Corporation Name

PRAXIS RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business

1431 S.W. 8TH AVENUE
DEERFIELD BEACH FL 33441

Mailing Address

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

02/08/1989

5. FEI Number

65-0022459

Applied For

Not Applicable

6. CERTIFICATE OF STATUS

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LINDNER, CARL W	701 E CAMINO REAL	BOCA RATON FL
D	GOVACHE, MARTA M.D.	4331 N FEDERAL HIGHWAY	FT. LAUDERDALE FL
D	COLE, STEPHANIE	3105 W SCENIC DRIVE	DANIELSVILLE PA
D	BONNER-CLINTON	5121 NE 30TH AVENUE	LIGHTHOUSE POINT FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDNER, CARL W
701 E. CAMINO REAL,
BOCA RATON FL 33432

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL W LINDNER

Date

Daytime Phone #

6/14/97 (561) 391-6396

FILED

97 OCT -7 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (7/96)