

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P930000130914**

1. Corporation Name

Computer Education & Design, Inc.

Principal Place of Business

**2550 Northwinds Pkwy
Suite 400
Alpharetta, GA 30004**

Mailing Address

**2510 N. Yates Ave
Pensacola, FL 32503**

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

4. Date Incorporated or Qualified To Do Business in Florida

3/1/93

5. FEI Number

59-3170094

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	MARY ELLEN BYRD	700 GLENRIDGE CLOSE DR.	ATLANTA, GA 30328
VP	ELEANOR GODWIN	2510 N. YATES AVE	PENSACOLA, FL 32503
C/O	JOSE SMITH	837 RIVERSTONE LANE	WOODSTOCK, GA 30188

REINSTATEMENT 98-99 TS

8. Name and Address of Current Registered Agent

**Blair Stephenson
1907 E. Gonzalez
Pensacola, FL 32501**

9. Name and Address of New Registered Agent

Name
Eleanor Godwin
Street Address (P.O. Box Number is Not Acceptable)
2510 N. YATES AVE
Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32503

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

Eleanor Godwin

REGISTERED AGENT MUST SIGN

Date

4/19/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Mary Ellen Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99
Date

(678) 879-8899
Daytime Phone #

CR25081 (12/98)