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PLEASE READ	ALL INSTRUCTIONS				###	
APPLICATION	PLICATION FLORIDA DEPARTMENT OF STA		APPROVED AND			
FOR97-98	Secretary of State		ALED			
REINSTATEMENT	NSTATEMENT DIVISION OF CORPORATIONS		GO MAD O AM O om			
DOCUMENT # P94 00 0025346			98 MAR -2 AM 9:07			
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
C.E. Schools, INC.				TALLAHASSEE, FI	_ORIDA	
Principal Place of Business Mailing Address						
Principal Place of Business 4073 WELLINGTON PKWY PALM HARBOR, FL 32084			nnnn24482309			
PALM HARBOR, FL 32084			0000024482309 -03/05/9801067005 ******8.75 ******8.75			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			***************************************			
2. New Principal Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Aqt., #, etc.	Suite, Apl. #, etc.		5. FEI Number - Applied For			
City & State	Clear wheter.	Fi-	-	59 - 324 9 472 Not Applicable		
Zip 33159 Country	Zip 33754 Countr	y	6. CERTIFICATE	OF STATUS DESIRED 🗹 S6.75	Additional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	····					
Title(s) Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Num				City / State	/ Zip	
P Male 1 Ducall 2944 Chancery Ln. Clearwater, FL 3379						
SIT Elizabeth A. 7	aylor 2134	Grove	Ln.	Clearwater,	FC 33764	
REINSTATEMENT an-ao*						
				777		
			0000024422309			
				-03/05/9801106/006 -03/05/9811106/006		
				7/0/10	!	
				9. Name and Address of New Registered Agent		
Janis L. Russell			IZABETH A. TAYLOR			
2944 Changery Ln. Street Address (F			O. Box Number i	Mullen Booth	Rd.	
2944 Chancery Ln. Clear Water, Fr. 33759 Street Address (P.O. Box Number is Not Acceptable) Booth Ed. Suite, Apt. #, Etc. C-5						
City Clea			arwoter FL 33759			
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 Date Date						
11. This corporation owes or has paid the current year PAID 1997 (See other side for information						
Intangible Personal Property tax due June 30. Yes 🗹 No 🔲 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.						
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/27/98 (8/3) 724-1200						
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