

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 # P94000031637**

1. Corporation Name

**DNT TUTORING CORP., INC.**

Principal Place of Business

**8027 BISCAYNE BLVD  
2ND FLOOR  
MIAMI FL 33138**

Mailing Address

**8027 BISCAYNE BLVD  
2ND FLOOR  
MIAMI FL 33138**

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

**04/26/1994**

5. FEI Number

**65-0544844**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LUBIN, MARIE L	18830 N.W. 29 AVE.	MIAMI FL 33056
VPS	LUBIN, ANDRE N	18830 N.W. 29 AVE.	MIAMI FL 33056
T	FORD, MYRTHA B	13300 N.E. 6TH AVE	NORTH MIAMI FL 33161

**100002371311--7  
-12/12/97-01117-007  
\*\*\*\*165.00 \*\*\*\*165.00**

*12/12/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LUBIN, MARIE L  
18830 N.W. 29TH AVE  
MIAMI FL 33056**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

**12-4-97**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIE L LUBIN**

Date

**12-4-97**

Daytime Phone #

CR2040 (8/97)

**COMPREHENSIVE®**  
**BUSINESS SERVICES**

PIERRE CHARLES

ACCOUNTING	BOOKKEEPING	TAX SERVICES	CONSULTATION
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7001 Biscayne Blvd., 1st Floor, Miami, FL 33138    FAX (305) 751-1291    Phone (305) 751-1226

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Division of Corporation:**

This is to inform that, we, the accountants of record for **DNT TUTORING CORP., INC.**, have been filing the annual report for this said corporation and this year with no exception we did file the annual report with the required fee.

Apparently something must have gone wrong with the mail again. We have enclosed another check for \$ 165.00. We hope that this matter will be taken care of. Thank you for your understanding and cooperation. We remain.

Sincerely,



Pierre Charles  
Comprehensive Business Services  
December 4, 1997