

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 # **P94000079576**

1. Corporation Name

**COMEDY CENTRAL TRAFFIC SAFETY INSTITUTE, INC.**

Principal Place of Business  
2701 W. OAKLAND PARK BLVD.  
SUITE 103  
FT LAUDERDALE FL 33311  
US

Mailing Address  
2701 W. OAKLAND PARK BLVD.  
SUITE 103  
FT LAUDERDALE FL 33311  
US

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

2. New Principal Office Address, If Applicable

~~3075 W. Oakland~~  
~~Park Blvd Suite 201~~  
~~Ft. Lauderdale, Florida~~  
City & State  
Zip Country  
~~33311 USA~~

3. New Mailing Office Address, If Applicable

~~3075 W. Oakland Park~~  
~~Bld. Suite 201~~  
~~Ft. Lauderdale, Florida~~  
City & State  
Zip Country  
~~33311 USA~~

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1994

5. FEI Number

65-0533011

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
PD	FALIN, CHERYL L	<del>5700 ROOK ISLAND ROAD, #317</del> 9341 Byrone Ave	<del>MIAMI BEACH FL 33141</del> Surfside, Florida 33154
			200002338922--2 -11705797--01070--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

FALIN, CHERYL L.  
5700 ROOK ISLAND ROAD  
#317  
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name  
Falin, Cheryl L.  
Street Address (P.O. Box Number is Not Acceptable)  
9341 Byrone Ave  
Suite, Apt. #, Etc.  
City  
Surfside  
State  
FL  
Zip Code  
33154

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

*Cheryl L Falin*

REGISTERED AGENT MUST SIGN

Date 10-29-97

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:

*Cheryl L Falin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97

Date

(931) 730-2200

Daytime Phone #