

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033525

1. Corporation Name

VTC TESTING CENTER OF ORLANDO NORTH, INC.

Principal Place of Business

6586 UNIVERSITY BOULEVARD  
9  
WINTER PARK FL 32792

Mailing Address

6586 UNIVERSITY BOULEVARD  
9  
WINTER PARK FL 32792

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

04/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3311985

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	LASCH, ANTHONY	6586 UNIVERSITY BOULEVARD #9	WINTER PARK FL 32792

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LASCH, ANTHONY  
6586 UNIVERSITY BOULEVARD  
9  
WINTER PARK FL 32792

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

407-679-1101

Daytime Phone #

CR2E040 (802)

**VTC TESTING CENTER OF ORLANDO NORTH, INC.**

6586 University Blvd. ~ Suite 9 ~ Winter Park, FL 32792  
Phone 407-679-1101 ~ Fax 407-678-4511

October 30, 2002

TO WHOM IT MAY CONCERN:

AS PER PHONE CONVERSATION WITH MICHELLE TODAY I'M SENDING THIS NOTE AND CHECK.  
WE NEVER RECEIVED ANY NOTICES REGARDING THE CORPORATE DUES. PLEASE RE-INSTATE  
OUR CORPORATION, ENCLOSED IS FORM AND CHECK FOR \$150.00.

THANK YOU, ANTHONY LASCH

