

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -6 PM 12:42

DOCUMENT # P95000042381

1. Corporation Name

Tampa Technical Institute, Inc.

Principal Place of Business

Mailing Address

Tampa, FL

2410 E. Busch Blvd
Tampa, FL 33612

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

June 6, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3317757

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
President	Gerald M. Barnett, Jr.	2206 Country Club Lane	Little Rock, AR 72207
VP	Evin Hinkle	400 Farr Shores Drive, 10-A	Hot Springs AR 71913
VP	Karon Rosa	5201 Fairway	N. Little Rock, AR 72116
VP	Robert Seeley	4104 Stoneview Court	Little Rock, AR 72212
Sec. Treas.	Suzette S. Goodman	2518-5 Riverfront Drive	Little Rock, AR 72202

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
660 East Jefferson St.
Tallahassee, FL 32301

Name

Bill Polmear

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

2410 E. Busch Blvd

Suite, Apt. # Etc.

City

Tampa

State

FL

Zip Code

33612

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

Winnie Polmear

REGISTERED AGENT MUST SIGN

Date

10-4-99

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: *Suzette S Goodman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-99

Date

501-376-6300

Daytime Phone #

CR2E081 (12/98)