

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC 30 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048082

1. Corporation Name

It's Adcademic, Inc.

Principal Place of Business

Mailing Address

621 NW 53rd Street, Suite 450
Boca Raton, Florida 33487

300003095363--9
-01/12/00--01004--007
3000.00 *750.00

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

6/16/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0624519

Applied

Not Appl.

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
PT	Alfred R. Novas	621 NW 53rd Street Suite 450	Boca Raton, Florida 33487
V	Mark L. Schiller	621 NW 53rd Street Suite 450	Boca Raton, Florida 33487
S	Ira L. Young	621 NW 53rd Street Suite 450	Boca Raton, Florida 33487

REINSTATEMENT 99

8. Name and Address of Current Registered Agent

Neesa B. Warlen
621 NW 53rd Street, Suite 450
Boca Raton, Florida 33487

9. Name and Address of New Registered Agent

Name

Ira L. Young

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

621 NW 53rd Street

Suite, Apt. #, Etc.

Suite 450

City

Boca Raton

State

FL

Zip Code

33487

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

Ira L. Young

Ira L. Young

Date

12-29-99

REGISTERED AGENT MUST SIGN

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 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 taxes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alfred R. Novas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alfred R. Novas, President

Alfred R. Novas

Date

12-29-99

Daytime Phone #

(561) 237-223