

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 97-98 AR
1500094947

1. Corporation Name

First Coast Educators, Inc.

Principal Place of Business

Mailing Address

3149 Ponce De Leon Blvd. #2
St. Augustine, FL 32084

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

3/96

5. FEI Number

59-3361945

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
owner	Theresa Twisdale	12324 Deeder Ln	Jax FL 32258
owner	Janice Filanowski	31 Maplewood Ln	Madison, CT 06443

700002752057--9
01/22/99 01106 003
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Theresa Twisdale

Date 1-9-1999

REGISTERED AGENT MUST SIGN

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

Theresa Twisdale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/98

Date

904-826-0000

904-739-3000

CR2E040 (1/98)

(2)

Sylvan Learning Center

Success Is Learned

9421 Waypoint Place
Jacksonville, FL 32257
(904) 739-3000
Fax (904) 739-3071

3149 Ponce DeLeon Blvd.
St. Augustine, FL 32084
(904) 826-0006
Fax (904) 826-4014

1-9-1999

Attn: Lusia Sellers

re: Fictitious Name & Annual Report

After speaking with you today - please find enclosed my application for fictitious name & application for reinstatement for annual corp. Items we discussed that you said you would look into:

1. Fictitious name paid for 2x - need to refund me \$50.00. (already pd w/ \$400.00 by attorney)
 2. Address changed 2 years ago from: 9588 Baymeadows to: ~~9421~~ #3149 Ponce de Leon #2
St Aug FL 32084
 3. Never rec. application for 1998 - mailed was not forwarded.
 4. find enclosed \$ for 1998 & 1999 \$300.00
- Thank-you for your help - Theresa Turidale