

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN -4 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036949

1. Corporation Name

CAREER DEVELOPMENT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

5720 MAJOR BOULEVARD
600-
ORLANDO FL 32819

5720 MAJOR BOULEVARD
500-
ORLANDO FL 32819

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

2. New Principal Office Address, If Applicable
5750 Major Blvd.

3. New Mailing Office Address, If Applicable
5750 Major Blvd.

Suite, Apt. #, etc.
225

Suite, Apt. #, etc.
225

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
USA

Zip
32819

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1996

5. FEI Number

59-3383533

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
D	MILLER, KENNETH W	1110 W. IVANHOE BLVD.	ORLANDO FL 32804
D	RIVERS, MICHAEL	3820 MONTEO CIRCLE	ORLANDO FL 32837
D	KITE, ROBERT H	P.O. BOX 808 N/A	BLOWING ROCK NC 28605

REINSTATEMENT

98-03 B 1/4/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, KENNETH W
1079 WEST MORSE BLVD.
WINTER PARK FL 32789

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

REGISTERED AGENT MUST SIGN

Date 12/2/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/98
Date

407-248-0522
Daytime Phone #

CR2E040 (9/98)