

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -6 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000094684

1. Corporation Name

Continuing Education Unlimited

2. Principal Office Address - No P.O. Box #

1413 14th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

6231 PGA Blvd

Suite, Apt. #, etc.

Ste 104, #306

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number
65-0791581

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah Buckley

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

1413 14th Terrace

Suite, Apt. #, Etc.

City

Palm Beach Gardens, FL

State

FL

Zip Code

33418

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

D. Buckley

REGISTERED AGENT MUST SIGN

Date 4-1-10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Deborah Buckley	1413 14th Terrace	Palm Beach Gardens, FL 33418
			<i>DC 4/6</i>

10. E-mail Address: debbie@4ceuinc.com

(To be used for future annual report notification)

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. I further certify, 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:

Deborah Buckley

Deborah Buckley

4/1/10

561-775-4944 Ext 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #