

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000002877

1. Corporation Name

FINANCIAL EDUCATION CENTERS, INC.

Principal Place of Business

Mailing Address

4440 SADDLEHORN TRAIL
MIDDLEBURG FL 32068

4440 SADDLEHORN TRAIL
MIDDLEBURG FL 32068

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

2. New Principal Office Address, If Applicable
1530 BUSINESS CENTER DR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORANGE PARK FLORIDA

City & State

Zip
32073

Country
USA

Zip

Country

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1998

5. FEI Number

59-3485533

Applied For

Not Applicable

8. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCLEAN, DONNA S	4440 SADDLEHORN TRAIL 1723 COLONIAL DR	MIDDLEBURG FL 32068 GREEN COVE SPRINGS, FL 32043

600003050216--9
-11/19/99-01091-015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OWENS, WESLEY H
351 CROSSING BLVD., STE. 1022
ORANGE PARK FL 32073

Name
Baker J. Fuller

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

2301 Park Avenue

Suite, Apt. #, Etc.

#404

City
Orange Park

State

FL

Zip Code

32073

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/8/99

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 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

Donna Mclean

Date

11/4/99

Daytime Phone #