

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000048472**

1. Corporation Name

South Florida Career Institute, Inc.

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

1665 Palm Lake Blvd

Suite, Apt. #, etc.

102

City & State

West Palm Beach

Zip

33401

Country

Palm Beach

3. Mailing Office Address

1665 Palm Lake Blvd

Suite, Apt. #, etc.

102

City & State

West Palm Beach

Zip

33401

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

Meagan A. Lorenzo

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

800 Virginia Avenue

Suite, Apt. #, Etc.

Suite 34

City

Fort Pierce

State

FL

Zip Code

34982

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

*Meagan A. Lorenzo*

REGISTERED AGENT MUST SIGN

Date **10/11/2012**

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
Pres	Meagan Lorenzo	1665 Palm Beach Lake Blvd, Suite 102	West Palm Beach, FL 33401

**OCT 16 2012**

**S. PRATHER**

10. E-mail Address: **Kingscareerinst@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

*Meagan A. Lorenzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/11/2012 407-283-9443**

Date

Daytime Phone #

**FILED**

**12 OCT 16 AM 11:27**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/28/1998**

5. FEI Number  
**650840503**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**500240856365**  
**11/19/12--01017--002 \*\*150.00**

**500240856365**  
**10/16/12--01003--009 \*\*500.00**