

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 16 AM 11:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048472

1. Corporation Name

South Florida Career Institute, Inc.

REINSTATEMENT

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

12

CR2B081 (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

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

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

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

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 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 Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2012 407-283-9443

Date

Daytime Phone #