

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000066031

1. Corporation Name

SAVE OUR STUDENTS, INC.

Principal Place of Business

2942 WEST COLUMBUS DRIVE
SUITE 201
TAMPA FL 33607

Mailing Address

2942 WEST COLUMBUS DRIVE
SUITE 201
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MILLER, BRUCE W	2942 WEST COLUMBUS DRIVE, #201	TAMPA FL 33607
VD	HARRIS, SCOTT G	2942 WEST COLUMBUS DRIVE, #201	TAMPA FL 33607
STD	PARNELL, THOMAS E	2942 WEST COLUMBUS DRIVE, #201	TAMPA FL 33607
V.P.	Donna S. Miller	2942 West Columbus Dr.	Tampa FL 33607
			04000003063004
			-12/07/99--01049--021
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

PARNELL, THOMAS E
320 WEST FLETCHER AVENUE
SUITE 104
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name
DONNA S. MILLER
Street Address (P.O. Box Number is Not Acceptable)
2942 W. COLUMBUS DRIVE
Suite, Apt. #, Etc.
101
City
TAMPA
State
FL
Zip Code
33607

10. I, being appointed the registered agent of the above named corporation, accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Donna S. Miller
Mr. Bruce W. Miller

REGISTERED AGENT MUST SIGN

Date

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:

Donna S. Miller
Donna S. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (8/99)