

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000071861**

1. Corporation Name

Center for School Development, Inc.

2. Principal Office Address **4746 "B"**
Greentree Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33436

Country

U.S.

Zip

33436

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1998

5. FEI Number

650859277

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

Michael R. Vitale

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

4746 "B" Greentree Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33436

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

Michael R. Vitale

Date

4-30-04

REGISTERED AGENT MUST SIGN

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
Ph.D.	Michael R. Vitale	4746 "B" Greentree Drive	Boynton Beach, FL 33436

10. 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)(f), 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:

Michael R. Vitale

4-30-04

Date

561-737-5405

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Center for School Development, Inc.
4746 "B" Greentree Drive
Boynton Beach, FL 33436

To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Request for Reinstatement: Center for School Development, Inc.
Document Number P98000071861

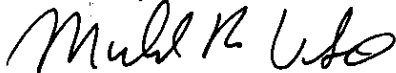
This letter is a follow-up to recent recommendations from a Division of Corporations staff member via a telephone conversation last week.

The purpose of this letter is to request reinstatement of the corporation, Center for School Development, Inc.. In this regard, I have attached a completed form.

Because I did not get an annual report for 2002, I am requesting that the late fees be waived. Based on this request, I am enclosing a check for \$450 that I understand, if my request to waive the late fees is approved, will result in the reinstatement of the corporation by the State.

Thank you for your consideration of this request and for your prior assistance in explaining to me what procedure to follow to obtain reinstatement.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Vitale", written in a cursive style.

Michael Vitale, President
Center for School Development, Inc.