

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000096950

1. Corporation Name
NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC

Principal Place of Business Mailing Address
1019 WILD ROOST RD. 1019 WILD ROOST RD.
GULF BREEZE FL 32561 GULF BREEZE FL 32561

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
2476 W. Bayshore Road 2476 W. Bayshore Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Gulf Breeze, FL Gulf Breeze, FL
Zip Country Zip Country
32563-2524 Santa Rosa 32563-2524 Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida 11/16/1998
5. FEI Number 59-3550039 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

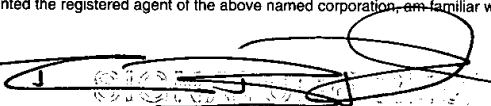
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	FELL GREENE, PHERIBA J	1019 WILD ROOST RD. 2476 W. BAYSHORE ROAD	GULF BREEZE FL 32561 32563-2524
	PHERIBA JANE FELL GREENE		100004717171--4 -12/10/01--01098--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
PALMER, RAYMOND B ESQ.
913 GULF BREEZE PARKWAY, STE. 913
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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  Date 10/22/01

REGISTERED AGENT MUST SIGN

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: Pheriba Jane Fell Greene 11-12-01 850-936-6154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC.
2476 W. Bayshore Road
Gulf Breeze, Florida 32563-2524

November 12, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Subject: Application for Reinstatement

To Whom It May Concern:

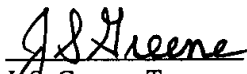
Somehow your initial correspondence pertaining to our filing the Annual Report went missing. I don't recall having ever received it and at the same time, we moved our place of business from 1019 Wild Roost Road, Gulf Breeze, FL 32561 to the above-indicated address. As you know, moving is, at best, a major disruption to efficient conduct of everyday affairs and in our case, it was even worse.

It is respectfully requested that we be forgiven our lapse and be reinstated without incurring the \$600.00 reinstatement fee. Enclose is the completed format and our check for \$150.00. Please note the change of address information on the reinstatement form.

Thank you for your kind attention to this matter.

Yours truly,

NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC.


J.S. Greene, Treasurer