Corporation Name AATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC Tricipal Place of Business Mailing Activess 101 WID BOOST 60 OULF BREEZE R. 32561 103 WID BOOST 60 OULF BREEZE R. 32561 3. Now Mailing Activess South Forest Indignate of Control Inc. 3. Now Mailing Actives and incorrect in any way, line through incorrect information and enter connection below. Now Principal Cities Address. If Applicable 3. Now Mailing Olifee Address. If Applicable 3. Now Mailing Olifee Address. If Applicable 4. Date Incorrect Inc. 3. Now Mailing Olifee Address. If Applicable 4. Date Incorrect Inc. 5. FEI Number 59-3550039 6. CERTIPICATE OF STATUS DESIRED 11/16/1998 11										
DOCUMENT # P98000096950 DOCUMENT # P98000096950 OI NOV 14 PM 4: 17 SERRETARY OF STATE TALLAHASSEE FLORIDA ARTIFORAL INSTITUTE FOR CONTINUING EDUCATION, INC INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN THE INTERPRETARY OF STATE TALLAHASSEE FLORIDA INCOPPLIANCE ASSET IN	≽∕ <mark>FO</mark> R	TION (A DEPARTMEI Katherine Ha	NT OF STATE	COMPLET	ING THIS FO	RM.	19/2	
COUNTENT # P98000096950 OI ROY 14 PM 4: 17 SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Addresse In Switch BOOST RD. OUR BREEZ RI 3200 OUR BREEZ RI 3200 OUR BREEZ RI 3200 OR WILD BOOST RD. OUR BREEZ RI 3200 OR Applied For RD Boundards or Countered Registered Agent OR Applied For RD Boundards or Countered Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or Record Registered Agent OR Applied For RD Boundards or RD Bound	DIVISION OF CORPORATIONS						. FILED			
ANTIONAL INSTITUTE FOR CONTINUING EDUCATION, INC SECRETARY OF STATE TALLAHASSE FLORIDA Mailing Address 1019 WILD BOOST RO. OULP BREEZ FL 32561 1019 WILD BOO										
109 WLD ROOST RD URL RRECER FL 32991 If above addressed are incorrect in any way, line through incorrect information and error correction below. The impossion of the Address of Paperson State of the State of		ISTITUTE FOR C	ONTINU	NG FDLICAT	TION INC	_				
If above addressee are incorrect in any way, fine through incorrect information and errer correction below. If above addressee are incorrect in any way, fine through incorrect information and errer correction below. If above addressee are incorrect in any way, fine through incorrect information and errer correction below. If a power addressee and incorrect in any way, fine through incorrect information and errer correction below. If a power addressee and incorrect in any way, fine through incorrect information and errer correction below. If a power addressee and incorrect information and errer correction below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addresse and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below. If a power addressee and incorrect information and error below.			5.4140	TO LDOOM	11011, 1110	TAL	LAHASSEE FLO	RIDA		
If above addresses are incorrect in any way, line through incorrect information and enter correction ballow. New Principal Office Address, If Applicable UT & U. BaryShere Road II / 16/1998 Suite, Apt. 4, toc. Suite	Principal Place of Busin	1 18 61: 6 8:	:10 (8:8) (8:12 88:11 88:11 68:11	E0): E +8+10 0+110 1411	II BIN() RE21 (EG)					
Now Proping Office Address Applicable										
Now Proping Office Address Applicable										
####\$ 10 DB Business in Florida ####\$ 11/16/1998 ####\$ 150.00 ####\$ 11/16/1998 ####\$ 150.00 ####\$ 11/16/1998 ####\$ 150.00 #####\$ 150.00 #####\$ 150.00 #####\$ 150.00 #####\$ 150.00 #####\$ 150.00 ######\$ 150.00 #########\$ 150.00 #################################	2. New Principal Office	Address, If Applicable				4 Data Incom	orated as Ossalities			
The Brosse FL Give Sale Brosse FL Give Sale Brosse FL Give Brosse	2476 W. Ba Suite, Apt. #, etc.	yshore Road	1476 L	J. Bayshor	7.3		ness in Florida	11/16/199	98	
Security Secure Country Columns Columns (Columns Columns Colum	City & State		City & State	~		5. FEI Number		├		
Name and Address of Current Registered Agent PALMER, RAYMOND B ESO. PALMER, RAYMOND B ESO. PALMER, RAYMOND B ESO. PALMER, RAYMOND B ESO. Palmed of the above named corporation-em-familiar with and accept the obligations of Section 807.0505, F.S. Loging appointed the registered agent of the above named corporation-em-familiar with and accept the obligations of Section 807.0505, F.S. REGISTERED AGENT MUST SIGN PALMER, RAYMOND B ESO. Palmer of director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing the content of the special content is now a content of the special content of the sp	Gulf Bree	Codntry,	Gulf 6	Seeze Counti	<i>FL</i>			\$8.75 Additio	nal Fee required	
Title(s) 2 and/or Directors 3 Street Address of Each Officer and/or Directors 3 Street Address of Date Officer and/or Directors 3 Street Address of New Registered Agent Name PALMER, RAYMOND B ESO. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARK	7. Names and Street A	ddresses of Each Officer and/	32463 -	rida nonprofit comor			OF STATUS DESIRED L	for a Certifi	cate of Status	
BULF BREEZE FL 98581 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PALMER, RAYMOND B ESO. 913 GULF BREEZE PARKWAY, STE-913 GULF BREEZE FL 32561 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sude, Apt. #, Etc. City FL Terrify that I am an officer or director or the receiver or trustee ampowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing that reinstatement application, the reason for dissolution has been eleminated. The comparate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees on this supplication is true agd accurate, and my signature shall have the same legal effects if made under eath. GRATURE: White BREEZE FL 98581 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street	Title(s)	Name of Officers			reet Address of Each			ty / State / Zip		
REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN I Certify that I am an officer or director or 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 over by the corporation, whe here paid and the names of Individuals listed on this form on on qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true gad accurate, and my signature shall have the same legal effectys if made under oath. REGISTERED AGENT MUST SIGN GINATURE: Application Agent A				3		*	GULF BREEZE FL			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PALMER, RAYMOND B ESO. 913 GULF BREEZE PARKWAY,STE.913 GULF	0			1 ' ' ' -	BAYSHURE K	DA D		32563-	.2524	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY, STE.913 GULF BREEZE PARKWAY, STE.913 GULF BREEZE PARKWAY, STE.913 GULF BREEZE PARKWAY, STE.913 Suite, Apl. #, Etc. City FL The Top Code FL The Code T	THERI	IBA JANE FE	LL GRE	ENE		10			4	
8. Name and Address of Current Registered Agent PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE FL 32561 Suite, Apt. #, Etc. City State Lip Code FL In bying appointed the registered agent of the above named corporation—am-tamiliar with and accept the obligations of Section 607,0505, F.S. PALMER PARKWAY,STE.913 GULF BREEZE FL 32561 REGISTERED AGENT MUST SIGN Locatify that I am an officer or director or the receiver or trusten empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 lees 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 us if made under oath. GNATURE: ACCURATE ACCURATE AGENT A						\wedge				
PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE FL 32561 Suite, Apt. #, Etc. City State Zip Code FL City State					$ \Lambda$ Λ Λ				-:-	
PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE FL 32561 Suite, Apt. #, Etc. City State Zip Code FL City State					/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N				
PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE FL 32561 Suite, Apt. #, Etc. City State Zip Code FL City State Stat						Y1.				
PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE FL 32561 Suite, Apt. #, Etc. City State Zip Code FL City State							A A A A A A A A A A A A A A A A A A A			
PALMER, RAYMOND B ESQ. 913 GULF BREEZE PARKWAY,STE.913 GULF BREEZE PARKWAY,STE.913 Suite, Apt. #, Etc. City State FL Zip Code FL In baing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN I certify that I am an officer or director or 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. GNATURE: MUMULA AMALEMATICAL SIGN Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL Date In	8. Nan	ne and Address of Current R	egistered Age	nt	$\overline{}$	9. Name and A	ddress of New Registe	ered Agent		
City State FL It baing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. PREGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN Licertify 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 filling 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 is if made under oath. GNATURE: ACCURATE COLUMN STATE OF THE ACCURATE COLUMN STATE OF THE ACCURATE COLUMN STATE COLUMN	PAIMER RAVIO	IND R FSO: -			Name				(8/01)	
City State FI It pains appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. PREGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN Licertify 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 filling 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 is if made under oath. GNATURE: ACCOUNT STATE OF THE PROPRIES AGENT MUST SIGN Date 10 20 20 17, F.S. I further certify that when filling 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.		Street Address (P.O. Box Number is Not Acceptable)				ZE040				
nature of gistered Agent REGISTERED AGENT MUST SIGN 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 filling 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. GNATURE: ### COUNTY OF THE REGISTERED AGENT MUST SIGN Date	gulf breeze fl					P. P				
REGISTERED AGENT MUST SIGN 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 filling 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. GNATURE: ### COUNTY OF THE PROPRIES AGENT MUST SIGN Page 17					City				•	
REGISTERED AGENT MUST SIGN Locrtify 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 filling 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 effectives if made under oath. GNATURE: ### COUNTY OF THE PROPRIES AGENT MUST SIGN NUMBER OF THE PROPRIES AGENT AG	10. I, baing appointed th	e registered agent of the abov	e named corpor	ration, am familiar wi	th and accept the ob	ligations of Section	on 607.0505, F.S.			
REGISTERED AGENT MUST SIGN Locrtify 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 filling 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 effects if made under oath. GNATURE: ### COLUMN 10-12-01 850-936-6154	1-	65708===		\Longrightarrow			ı	1		
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 filling 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 effects if made under oath. GNATURE: Column 1 - 12 - 01 850 - 736 - 6154	Signature of Registered Agent	できょうぎ いけかい	SISTERED ACC				Date 10/2	10/2		
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. GNATURE: Column 1 - 12 - 01 850 - 736 - 6154	11. I certify that I am an	officer or director or the receive	er or trustee em	powered to execute	this application as pr	ovided for in char	oter 607 or 617 ES 160	rther certify that	when filing	
GNATURE: The and accurate, and my signature shall have the same legal effect as if made under oath. GNATURE: 1-12-01 850-936-6154	owed by the corporat	iplication, the reason for dissolt tion have been paid and the na	ution has been e ames of individu	eliminated, the corpo als listed on this for	rate name satisfies t n do not qualify for a	he requirements on n exemption und	of section 607 0401 or 6	17 0401 FS #	nat all fooe	
GNATURE: Preside fine Sell Reene 11-12-01 850-936-6154	on this application is t	true and accurate, and my sign	ature shall have	e the same legal effe	ectras if made under	oath.	(-)(//		,	
		How In	! \$≈ ∆≃	Jana 5	\mathcal{H}_{α}	tt	,			
	SIGNATURE:	IGNATURE AND TYPED OR PRIN	TED NAME OF SI	IGNING OFFICER OR D	DIRECTOR	(1-12-0	Date 850 - 9			

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