

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000001757

1. Corporation Name

NEW VISION EDUCATIONAL SERVICES, INC.

Principal Place of Business

1320 SILVERADO STREET
NORTH LAUDERDALE FL 33313

Mailing Address

~~1320 SILVERADO STREET~~
~~NORTH LAUDERDALE FL 33313~~

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

1320 SILVERADO STREET

NORTH LAUDERDALE

FL. 33313

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1999

5. FEI Number

65-0899410

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	THOMAS, PAULINE	1320 SILVERADO STREET	NORTH LAUDERDALE FL 33313
D	YVONNE CUNNINGHAM	4202 NW 88 AVE #203	SUNRISE FL. 33351
D	MARION WATKINS	7500 NW 33 STREET	LAUDERHILL FL. 33319
			4000003533594--8
			-01/11/01--01100--015
			****750.00LS****750.00

8. Name and Address of Current Registered Agent

THOMAS, PAULINE
1320 SILVERADO STREET
NORTH LAUDERDALE FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Pauline Thomas SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/26/00

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:

Katherine Harris SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/00 (954) 748-5869
Date Daytime Phone #

FILED

01 JAN -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2ED40 (8/00)