

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 30 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P940000012720
The Student Welcome Pkcs, Inc.

2. Principal Office Address

954 West Brevard St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 20208

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32304

Country

Zip

32316

Country

4. Date Incorporated or Qualifying
To Do Business in Florida

5. FEI Number

59-3556889

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

Belinda T FRANCE ESQ

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

703 E Tennessee St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Belinda T France

REGISTERED AGENT MUST SIGN

Date 4/30/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ROBERT PARKER	954 West Brevard St	Tallahassee, FL 32304
VPS	BLAISE PROUTOLA	954 West Brevard St	Tallahassee, FL 32304

100020787221
06/11/03-01071-008 \$300.00

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)(l), 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.

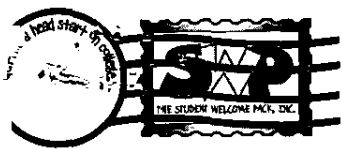
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 2511608

Date

Daytime Phone #



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To Whom It May Concern:

Please find attached a corporate reinstatement form as well as a check for 2 years of corporate filing fees.

It seems that in the move between offices we did not receive our paperwork for the previous year and were dissolved as a result.

We would ask that you wave the fines for last year since we did not receive the forms.

If you have any questions regarding the above request, please feel free to contact me at parker@fsview.com or 850 251 1608.

Thank you,

Robert Parker
President, Student Welcome Pack, Inc.

**Getting a head
start on college.**



The Student Welcome Pack, Inc.

P.O. Box 20334

Tallahassee, FL 32316-0334

(850) 201-2601