

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000022837

1. Corporation Name

SCHOOLBUDDIES, INC.

Principal Place of Business

3673 HIGH PINE DR.
CORAL SPRINGS FL 33065

Mailing Address

3673 HIGH PINE DR.
CORAL SPRINGS FL 33065

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

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1999

5. FEI Number

65-0910773

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
PD	LOTT, JOSEPH P	2216 CYPRESS BEND DR., N., #408	POMPANO BCH FL 33069
STD	RIDGWAY, MICHAEL	3673 HIGH PINE DR.	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

RIDGWAY, MICHAEL P
3673 HIGH PINE DR.
CORAL SPRINGS FL 33065

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

Michael Ridgway
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/00

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.

KE

SIGNATURE:

Michael Ridgway
MICHAEL RIDGWAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00
Date

954-346-3982
Daytime Phone #

Schoolbuddies, Inc.

3673 High Pine Drive
Coral Springs, FL 33065
Tel: 954-346-3982
Fax: 954-346-3982

October 29, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Application For Reinstatement

To Whom it May Concern:

We apologize for not filing our first Annual report with the State of Florida on time. We were unaware of the report and we did not receive the report in the mail. Per my conversation with a State of Florida representative, it was brought to my attention that there is a one time waiver of late fees possible. We therefore ask for the one time waiver of the late fees involved and we enclose a check in the amount of \$150.00.

Should you need to discuss this matter further, please do not hesitate to contact me.

Sincerely,

Schoolbuddies, Inc.



Michael Ridgway
Chief Executive Officer

MR/

Enclosures