

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 15 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031500

1. Corporation Name

PRISM EDUCATIONAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

1800 NORTH COMMERCE PARKWAY
SUITE 2
WESTON FL 33326

1800 NORTH COMMERCE PARKWAY
SUITE 2
WESTON FL 33326



REINSTATEMENT

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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

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1999

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0914955

Not Applicable

Zip

Country

Zip

Country

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
D	KUSHER, ERIC	1800 NORTH COMMERCE PARKWAY - SU	WESTON FL 33326

300003514743--5
-12/27/00--01075--015
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSSMAN, JAY-D
5881 N.W. 151 STREET
SUITE 101
WESTON FL 33014

Name

ERIC M. KUSHER

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

1800 N. COMMERCE PKWY #2

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

ERIC M. KUSHER

REGISTERED AGENT MUST SIGN

Date

11/16/00

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:

ERIC M. KUSHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/00 (954) 389-9920

Daytime Phone #