

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 3:58

DOCUMENT # P99000057265

1. Corporation Name

CUSTOMIZED CURRICULUM, INC.

Principal Place of Business

338 E. LEMON ST.  
TARPON SPRINGS FL 34689

Mailing Address

338 E. LEMON ST.  
TARPON SPRINGS FL 34689

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

06/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3662809

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Carrie Civatte	13 mariner Dr.	Tarpon Springs FL 34689
VP	John Civatte	4944 Harbor Woods Dr.	Palm Harbor FL 34683

06/30/00 90003 032 550.00

8. Name and Address of Current Registered Agent

NEAL, A R  
13577 FEATHER SOUND DR., STE. 300  
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name

NEAL, A. R.

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

911 CHESTNUT ST.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

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

*Carrie A. Civatte*  
REGISTERED AGENT MUST SIGN

Date 10/24/00

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carrie A. Civatte, Pres.

10-19-00  
Date

727.942-1660  
Daytime Phone #

CR2040 (8/00)

Customized Curriculum, Inc.  
338 E. Lemon Street  
Tarpon Springs, FL 34689

October 19, 2000

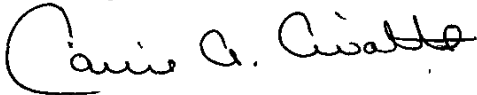
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Document # P99000057265

To Whom It May Concern:

The UBR for Customized Curriculum, Inc., above referenced document number, was filed in June, 2000 along with a check for \$550 which cleared our bank on July 7, 2000. Upon receiving a notice of administrative dissolution, we called and were told a letter of rejection had been mailed requesting our FEI Number on the report. To date, this letter of rejection has not been received. A completed application for reinstatement is enclosed.

Sincerely,



Carrie A. Civatte  
President

enclosure