

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 26 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 512597

1. Corporation Name

WTLN, Inc. dba Teaching Learning Network

900023359009
09/26/03--01027--006 **150.00

2. Principal Office Address

524 Datura Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

W. Palm Beach FL

Zip

33401

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/90

5. FEI Number

650227081

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

Steven Vocino

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

524 Datura Street

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/22/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Steven Vocino	524 Datura St.	W. Palm Beach FL 33401

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

901-655-2344

Daytime Phone #

CR2E081 (10/02)

21 9/25



teaching learning network

September 22, 2003

Department of State
Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: WTLN, Inc.
Document # S12597

Gentlemen;

As an owner and officer of the above referenced corporation, I am writing to you to request reinstatement of this corporation. I am requesting a one-time waiver of any reinstatement fees for 2003 based upon the following reasons. I recently had to terminate my controller for negligence in the performance of her job duties. One of her assigned tasks was licensing and regulatory compliance. It was her responsibility to handle all of these matters, including all necessary filings. I was not aware of this annual filing requirement. If I had known, or discovered this error sooner, I would have filed the Uniform Business Report immediately. My accountant has since brought this annual filing requirement to my attention. He said that the registered agent should have informed us as well. My company has always timely filed the Uniform Business Report for this corporation as well as others I own or have owned. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed corporation reinstatement form, along with a check for \$150 payable to the Department of State representing the annual fee for 2003. Based upon the above information, please reinstate my corporation and grant me the one-time waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely,


Steven Vochino
President

Enclosures