

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 31 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 15887 (5)**

1. Corporation Name

INSTUTECH OF SOUTH FLORIDA, INC

W00-6762

Principal Place of Business

Mailing Address

**4201 N ANDREWS AVE
OAKLAND PARK FL 33309**

**860 NE 90 STREET # 4
MIAMI FLORIDA 33138**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

JEANVRENOLD ELIASSAINT

Suite, Apt. #, etc.

860 NE 90 STREET #4

City & State

MIAMI FL

Zip

33138

Country

DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33138

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

02 21 92

5. FEI Number

65 009 1806

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	ELIASSAINT, JEAN R	860 NE 90 STREET APT 4	MIAMI FLA 33138
T	EXANTUS, CAROLE	12461 S.W 1 STREET # 4	PLANTATION FL 33325
D	DEMOSTHENE LEANISE	12461 S.W 1 STREET #4	PLANTATION FL 33325
D	GERMINE LEANA	12461 S.W 1 STREET	PLANTATION FL 33325
D	DESULME, ROSE	12461 S.W 1 STREET	PLANTATION FLA 33325
D	WINNETTE WOOLLEY	860 NE 90 STREET #4	MIAMI FL 33138

8. Name and Address of Current Registered Agent

ELIASSAINT, JEAN RENOLD

9. Name and Address of New Registered Agent

Name

ELIASSAINT, JEAN RENOLD

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

860 NE 90 STREET

Suite, Apt. #, Etc.

MIAMI FL APT 4

City

State

FL

Zip Code

33138

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

[Signature]

JEAN RENOLD ELIASSAINT

REGISTERED AGENT MUST SIGN

Date **11 06 99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] **JEAN R. ELIASSAINT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 06 1999 (305) 757 1998

CH25081 (12/98)