

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 14 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V26054** **AR**
1. Corporation Name
ACHIEVEMENT SEMINARS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1811 POMELO AVE. **1811 POMELO AVE.**
ST. CLOUD FL 34772 **ST. CLOUD FL 34772**

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 03/18/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3117280	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	BECKER, ROBERT T.	1811 POMELO AVE.	ST. CLOUD FL 34772

900001982089--4
-10/22/96--01019--020
***225.00 ***225.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BECKER, ROBERT T. 1811 POMELO AVE. ST. CLOUD FL 34772	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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]* Date **10/11/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* 10/11/96 407-957-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert T. Becker
Daytime Phone #

CR2E040 (7/96)

AS

ACHIEVEMENT SEMINARS INTERNATIONAL, INC.

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October 11, 1996

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attention: Andy


Re: 1996 Annual Corporate Report

Dear Andy,

Per our conversation of this afternoon I am forwarding to your attention the 1996 Annual Corporation Report and check for \$225.00. You indicated that since we had filed the original report within the allowed time frame we would be excused from the any additional charges.

If you require any additional information regarding this matter, please feel free to contact our office.

Sincerely,
ACHIEVEMENT SEMINARS INTERNATIONAL, INC.


Sheryl I. Mealing
Bookkeeper

sim
enc.

HOME OFFICE: P.O. BOX 621111 / ORLANDO / FLORIDA 32862-1111