

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V54797**

1. Corporation Name

**TUTOR TIME AT HOLLYWOOD HILLS, INC.**

Principal Place of Business

Mailing Address

621 NW 53RD ST  
SUITE 450  
BOCA RATON FL 33487

621 NW 53RD ST  
SUITE 450  
BOCA RATON FL 33487

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/1992

5. FEI Number

65-0348077

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSDT	WEISSMAN, RICHARD	621 NW 53RD ST SUITE 450	BOCA RATON FL 33487
P/T	Novas, Alfred	621 N.W. 53rd St. #450	Boca Raton, FL 33487
V/S	Schiller, Mark	621 N.W. 53rd St. #450	Boca Raton, FL 33487

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WEISSMAN, RICHARD S  
621 NW 53RD STREET  
SUITE 450  
BOCA RATON FL 33487~~

Name

Ira L. Young

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

621 N.W. 53rd Street, Suite 450

Suite, Apt. #, Etc.

450

City

Boca Raton

State

FL

Zip Code

33428

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark Schiller

Date

Daytime Phone #

FILED

00 OCT 17 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)