

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V60701

1. Corporation Name

WALDEN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL
34134 - U.S.

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

FILED

99 DEC -9 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

SP

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1992

5. FEI Number

65-0353783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.70 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
C	DON E. ACKERMAN	24311 WALDEN CENTER DR.	BONITA SPRINGS, FL 34134
D	DAVE R. PALMER	24311 WALDEN CENTER DR.	BONITA SPRINGS, FL 34134
P	IKENT MORRISON	155 FIFTH AVENUE SOUTH	MINNEAPOLIS, MN 55401
P	JEFF W. KONZAK	24311 WALDEN CENTER DR.	BONITA SPRINGS, FL 34134
D	ROBERT IBARRA	UNIVERSITY OF WISCONSIN 500 LINCOLN DRIVE	MADISON, WI 53706
D	KATHLEEN A. COTE	58 NORTH STREET	LEXINGTON, MA 02173

8. Name and Address of Current Registered Agent

KONZAK, JEFF W.
c/o WALDEN UNIVERSITY, INC.
24311 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

9. Name and Address of New Registered Agent

Name: MICHAEL A. ROGGE
Street Address (P.O. Box Number is Not Acceptable):
C/O WALDEN UNIVERSITY, INC.
Suite, Apt. #, Etc.:
24311 WALDEN CENTER DRIVE
City: BONITA SPRINGS State: FL Zip Code: 34134

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

Jeff W. Konzak
REGISTERED AGENT MUST SIGN

Date 11-18-99

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:

Michael A. Rogge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 498-4700

JEFF W. KONZAK
PRESIDENT, WALDEN INSTITUTE

(941) 498-4700

CR2001 (12/99)

Mr. Don E. Ackerman
Chandelle Ventures Inc.
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Chairman

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