

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V60701

1. Corporation Name

WALDEN UNIVERSITY, INC.

Principal Place of Business

Mailing Address

~~24311 WALDEN CENTER DRIVE~~
~~BONITA SPRINGS FL 34134~~
~~US~~

~~24311 WALDEN CENTER DRIVE~~
~~BONITA SPRINGS FL 34134~~
~~US~~

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

1001 FLEET ST.

1001 FLEET ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BALTIMORE, MD

City & State
BALTIMORE, MD

Zip 21202 Country USA

Zip 21202 Country USA

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 ☐

\$8.75 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 3	City / State / Zip 4
D	ACKERMAN, DON E	24311 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134
C	SINGER, PAULA	1001 FLEET STREET	BALTIMORE MD 21202
D	MORRISON, KENT J DURDEN, WILLIAM G.	155 FIFTH AVENUE SOUTH COLLEGE + LUTHER STS.	MINNEAPOLIS MN 55401 CARLISLE, PA 17013
D	MCGEE, LEE	1001 FLEET STREET	BALTIMORE MD 21202
D	IBARRA, ROBERT	500 LINCOLN DRIVE	MADISON WI 53706
P	GOTE, KATHLEEN A PEINOVICH, PAULA	50 NORTH STREET 1001 FLEET ST	LEXINGTON MA 02173 BALTIMORE, MD 21202

8. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Deanna Case, asst. sec.

REGISTERED AGENT MUST SIGN

Date

11-3-03

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:

Paula R. Singer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA SINGER, CEO/CHAIRPERSON 10-21-03

Date

Daytime Phone #

410-843-8496

CR2E040 (7/03)