

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 24 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000000013**

1. Corporation Name

**ACORN INSTITUTE, INC.**

Principal Place of Business

Mailing Address

1024 ELYSIAN FIELDS AVE.  
NEW ORLEANS LA 70117

1024 ELYSIAN FIELDS AVE.  
NEW ORLEANS LA 70117

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

01/02/2002

5. FEI Number

72-1488419

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
P	BUTTS, GEORGE	31 E. WALNUT LANE	PHILADELPHIA PA 19144
V	EDMONDS, MILDRED	1618 PORT STREET	NEW ORLEANS LA 70117
ST	WOOD HOUSE, PAT	2112 CANAL POINTE	LITTLE ROCK AR 72202
PVST	HANSON, JAMIE	1024 ELYSIAN FIELDS AVENUE	NEW ORLEANS LA 70117
D	HANSON, JAMIE	1024 ELYSIAN FIELDS AVENUE	NEW ORLEANS LA 70117

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number Not Allowed)

Suite, Apt. #, Etc.

City

State

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

*Victor Alfano*

**Victor Alfano**  
Assistant Secretary

Date

4/17/03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)