


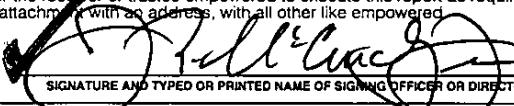


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 770482						FILED	
1. Entity Name THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC.						05 OCT 17 AM 9:20	
Principal Place of Business 2415 S. HIMES AVENUE TAMPA, FL 33629			Mailing Address 2415 S. HIMES AVENUE TAMPA, FL 33629			08/11/05 90006 016 6125 	
2. Principal Place of Business		3. Mailing Address		10052005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2348164		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCKEON, TOM 5125 W NEPTUNE WAY TAMPA, FL 33609				Name Jack McCurdy Street Address (P.O. Box Number is Not Acceptable) 4701 Melrose Ave City Tampa FL Zip Code 33629			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Jack McCurdy, Treasurer <small>Signature, typed or printed name of registered agent and title if applicable</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 10/10/05	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 *				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEMEYN, LISA			NAME	Jett Tanner		
STREET ADDRESS	4932 N MELROSE AVE			STREET ADDRESS	909 S Dakota Ave		
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	Tampa, FL 33603		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCURDY, KATHY			NAME	Jack McCurdy		
STREET ADDRESS	4701 W MELROSE AVE			STREET ADDRESS	4701 W. Melrose Av		
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	Tampa, FL 33629		
TITLE	RSD	<input checked="" type="checkbox"/> Delete		TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, MICHELLE			NAME	Laura Lue		
STREET ADDRESS	599 RIVERIA DR			STREET ADDRESS	3906 Palmira Av		
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	Tampa, FL 33629		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYERS, BARBARA			NAME			
STREET ADDRESS	417 PALMOA PLACE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEON, TOM			NAME			
STREET ADDRESS	5125 W NEPTUNE WAY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE: 10/10/05		DAYTIME PHONE #: 813 272-3033	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	

REINSTATEMENT