

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003068

1. Corporation Name

RICHARD M. MILBURN HIGH SCHOOL, INC.

Principal Place of Business

Mailing Address

27 CONGRESS STREET
SUITE 204
SALEM MA 01970

27 CONGRESS STREET
SUITE 204
SALEM MA 01970



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-12/11/00--01040--014

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		4. Date Incorporated or To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/12/1997	
City & State		City & State		5. FEI Number	
Zip		Country		54-1246357	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PCT	CROSBY, ROBERT H	12 EVERETTE PAINE BLVD.	MARBLEHEAD MA 01945
WC	UNDERWOOD, KEN	19817 GREENSIDE TERRACE	GAITHERSBURG MD 20879
S	KREAMER, TERRY N	20 BERNARD ROAD	WOBURN MA 01801
D	SMITH, T A	8200 GREENSBORO DRIVE, SUITE 140	MCLEAN VA 22102
S	Chapman, Rene L	114 Old Hedding Rd	Epping, NH 03042

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		REINSTATEMENT OD TS 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.

Signature of Registered Agent: *Rene L. Chapman* REGISTERED AGENT MUST SIGN Date: 11/20/00

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: *Rene L. Chapman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/20/00 Daytime Phone #: (978) 741-7161 Ext. 233