

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F99000002262

1. Corporation Name
ACADEMY OF AMERICA (INC.)

Principal Place of Business: 20755 GREENFIELD, STE 300 SOUTHFIELD MI 48075
Mailing Address: 20755 GREENFIELD, STE 300 SOUTHFIELD MI 48075

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	05/03/1999
5. FEI Number	100003535521
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS	\$8.75 Additional Fee required for a Certificate of Status -01/12/01-

FILED
01 JAN -2 PM 3: 39
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	ALLEN, LECESTER L	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI
STD	ALLEN, MATTIE L	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI
D	ALLEN, AARON M	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI
D	ALLEN, DANA	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI
D	BROOKS, NATHALIA	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI
VP	McDonnell, David K	20755 Greenfield Rd. Ste 300	Southfield MI

8. Name and Address of Current Registered Agent

ALLEN, LECESTER L
3304 SANCHEZ STREET
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name: Allen, Leicester L.
Street Address (P.O. Box Number is Not Acceptable): 7925 Wyndham Court
Suite, Apt. #, Etc.:
City: University Park
State: FL
Zip Code: 34201

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: *Signature of Allen* Date: 12/20/00

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: *Signature* Date: 12/20/00 Daytime Phone #: KE

CR2E040 (8/00)