

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

Mailing Address

20755 GREENFIELD, STE 300
 SOUTHFIELD MI 48075

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



09-21-01 90010 028 \$61.25

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1999

5. FEI Number **38-6525013**
APPLIED FOR

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
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 DAVID	20755 GREENFIELD RD., STE 300	SOUTHFIELD MI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, LECESTER L
 7925 WYNDHAM COURT
 UNIVERSITY PARK FL 34201

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

Handwritten signature/initials

CR2ED40 (8/01)

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.

600004685666-6
 -11/16/01--01070--018
 ****175.00 ****175.00
 Date 10-16-01

Signature of Registered Agent

Signature of David McDonnell
SIGNATURE REQUIRED
 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 of David F. McDonnell
SIGNATURE RECALIFLEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-16-01
 Daytime Phone #