

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV 10 AM 9:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N02000007331

1. Corporation Name

RENAISSANCE ACADEMY, INC.

Principal Place of Business

Mailing Address

~~3428 ELLINGTON WAY~~ 8431 Corporate Way  
 NEW PORT RICHEY FL 34655-34653  
~~NEW PORT RICHEY FL 34655~~



REINSTATEMENT

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 Qualified To Do Business in Florida

09/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1169989

Not Applicable

Zip

Country

Zip

Country

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
D	CAFFREY, JANINE E	3428 ELLINGTON WAY	NEW PORT RICHEY FL 34655
T	LUSK, KATHLEEN	3421 TOWN AVE	NEW PORT RICHEY FL 34652
<del>V</del>	<del>ERICKSON, LISA</del>	<del>7720 LEIGHTON CIR</del>	<del>NEW PORT RICHEY FL 34654</del>
P	Andrasy, Theresa	5500 Gulf Trace Blvd.	Holiday, FL 34691

100024573551  
 11/10/03--01112--001 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAFFREY, JANINE W  
 3428 ELLINGTON WAY  
 NEW PORT RICHEY FL 34655

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

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 [Signature] Date 10/15/03  
 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] Date 10/15/03 Daytime Phone # 727-858-2509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

# Renaissance Academy

...where children perform

November 6, 2003

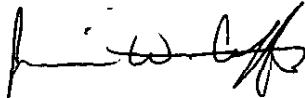
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Department of State:

Enclosed please find documents required to reinstate Renaissance Academy, Inc. as a Florida non-profit corporation. I have included a check for \$61.25. Our corporation did not receive the two required UBR notices and is therefore not including the additional penalty.

Please contact me if I can provide additional information. Thank you for your assistance.

Sincerely,



Janine W. Caffrey, Ed.D.  
Head of School