

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 21 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N93000003060

1. Corporation Name
CENTRAL FLORIDA COMMUNITY SCHOOL, INC.,

Principal Place of Business
**1450 Citrus Oaks Ave.
 Ocoee, FL 34761**

Mailing Address
**P.O. Box 817
 Gotha, FL 34734**

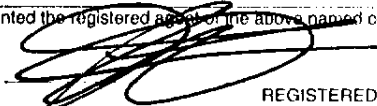
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09-25-90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3022217	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVS D	ROBERT A. FLANDERS	368 CYPRESS LANDING DR.	LONGWOOD, FL 32779
D	DR. MIKE KALISZESKI	2730 PARK PLACE BLVD. UNIT 5	MELBOURNE, FL 32935
D	KELLY MILLER	7342 WOODKNOT COURT	ORLANDO, FL 32835
D	ROWENA FLANDERS	368 CYPRESS LANDING DR.	LONGWOOD, FL 32779
D	DR. BRIAN STAMPER, SR.	1 EDENTON COURT	OCOOE, FL 34761
D	EARLA HEINRICH	209 SLADE DRIVE	LONGWOOD, FL 32750

8. Name and Address of Current Registered Agent LYNN WALKER WRIGHT, PA. 2716 Rew Circle, Suite 102 Ocoee, FL 34761		9. Name and Address of New Registered Agent REINSTATEMENT 96-97 C. Olan 4/21/97	
Name		Street Address (Do NOT use Post Office Box Numbers)	
Suite, Apt. #, Etc.		City, State, Zip Code	
600002154186--1		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.

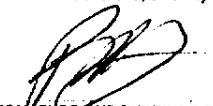
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: **04-09-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT A. FLANDERS

Date: **4/9/97** Daytime Phone #: **407-290-8073**

CR2E040 (1-2/96)