

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

98 MAR 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60570

1. Corporation Name

Circle C Ranch Academy South Tampa's
Junior Academy, Inc.

Principal Place of Business

Mailing Address

6204 Interbay Blvd Tampa FL 33611

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2793710	
				6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	SALLY A. HARRIS	3618 E. Tampa Circle	Tampa FL 33629
Sect	SALLY A. HARRIS		
Treas	SALLY A. HARRIS		
D	Robert R. HARRIS	3618 E. Tampa Circle	Tampa FL 33629
REINSTATEMENT 97-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRIS, Sally A.
6204 Interbay Blvd.
Tampa, FL 33611

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

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

Sally A. Harris

REGISTERED AGENT MUST SIGN

Date

3/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Sally A. Harris President
SALLY A. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/98
Date

813-831-8429
Daytime Phone #

CR2000 (1/98)