

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 DEC 15 PM 1:38
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # **736234**

1. Corporation Name
THE GALILEAN ACADEMY, INC.

Principal Place of Business Mailing Address
BOB SIKES ROAD **PO BOX 1488**
PO BOX 1488 **2483 COUNTY RD 280 W**
DEFUNIAK SPRINGS FL 32433 **DEFUNIAK SPRINGS FL 32435**

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



REINSTATEMENT *02*

4. Date Incorporated or Qualified To Do Business in Florida	06/28/1976 SP
5. FEI Number	59-1724149
Applied For	
Not Applicable	
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	4 City / State / Zip
TD	VOGEL, NELLIE L.	PO BOX 1488	DEFUNIAK SPRINGS FL 32435
VD	SMITH, BEVERLY	RT. 1 BOX 204	ORLANDO KY
PD	MILBURNE, ROBERT	BOX 160, ROUTE 2	CORBIN KY

000003515560--5
-12/28/00--01042--005
****245.00 ****245.00

8. Name and Address of Current Registered Agent

VOGEL, NELLIE L
BOB SIKES RD - 2483 County Rd. 280 W
PO BOX 1488
DEFUNIAK SPRINGS FL 32433

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent *Nellie L Vogel* **SIGNATURE REQUIRED** Date 10-16-2000
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)(l), 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: *Nellie L Vogel* **SIGNATURE REQUIRED** Date 10-16-2000 Daytime Phone # 850-892-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)