

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000005844

1. Corporation Name

CHARTER SCHOOL ADMINISTRATION SERVICES, INC.

Principal Place of Business

20755 GREENFIELD, SUITE 300
SOUTHFIELD MI 48075

Mailing Address

20755 GREENFIELD, SUITE 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1998

5. FEI Number

38-3249996

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALLEN, LECESTER L	20755 GREENFIELD ROAD SUITE 300	SOUTHFIELD MI 48075
SDT	ALLEN, MATTIE L	20755 GREENFIELD ROAD SUITE 300	SOUTHFIELD MI 48075
VP	McDonnell, DAVID K	20755 Greenfield Rd, Ste 300	Southfield, MI 48075
			400003532474--4 -01/11/01--01035--001 ****200.00 ****200.00
			400003532474--4 -01/11/01--01035--002 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

ALLEN, LECESTER L
TUMC ACADEMY
3304 SANCHEZ STREET
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name

Allen, Leicester L

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

7925 Wyndham Court

Suite, Apt. #, Etc.

City

University Park

State

FL

Zip Code

34201

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

Leicester L. Allen
REGISTERED AGENT MUST SIGN

Date 12/20/00

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:

Leicester L. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00

Daytime Phone #



REINSTATEMENT

100

CR2E040 (8/00)