


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # L51711</b> 1. Entity Name <b>ACADEMY SYSTEMS OF AMERICA, INC.</b>						<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>06 JAN -3 PM 2:39</b>	
Principal Place of Business <b>3085 S PONTE VEDRA BLVD</b> <b>PONTE VEDRA BEACH, FL 32082 US</b>				Mailing Address <b>3085 S PONTE VEDRA BLVD</b> <b>PONTE VEDRA BEACH, FL 32082 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3028955</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MCMURRY, JIM</b> <b>5300 EMERSON ST.</b> <b>STE. 1</b> <b>JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After January 1, 2006, Fee will be \$300.00</b> </div> <div> <b>500062574195</b>  <b>01/03/06--01055--008 **150.00</b> </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DP SHEPHERD, PATRICIA L. 3085 S PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Patricia L. Shepherd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date _____ Daytime Phone # _____							

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