

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 PM 1:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N00000001777

1. Corporation Name

Cambridge Study Center Foundation, Inc.

2. Principal Office Address - No P.O. Box #

541 S. Florida Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

541 S. Florida Ave.

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

Zip

33801

Country

U.S.A.

Zip

33801

Country

U.S.A.

REINSTATEMENT

CR2E081 (1/07)

01-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/13/2000

5. FEI Number

59-3645708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Allen R. Montgomery

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

302 S. Massachusetts Ave.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 7/20/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Robert S. Macey	1836 Pinnacle Dr.	Lakeland, Fl 33813
VPD	William S. Roberts	5789 Lk. Victoria Dr.	Lakeland, Fl 33813
SD	J. Lenora Bresler	987 Lk. Hollingsworth Dr	Lakeland, Fl 33803
TD	Gail Borden	3226 Stonewater Dr.	Lakeland, Fl 33803

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10. 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 contained in Chapter 119, 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:

Robert S. Macey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07 863-869-9716

Date

Daytime Phone #