

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001854

1. Corporation Name

ABC CHRISTIAN ACADEMY/PRESCHOOL, INC.

REINSTATEMENT 03

200025071252

11/26/03--01049--007 **0.25

200025071252

11/26/03--01049--006 **236.00

2. Principal Office Address

2360 KINGS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jax, Fla.

City & State

Zip

32208

Country

USA

Zip

Country

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

3/16/2000

5. FEI Number

593638960

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

Ronald R. Austin

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

1400 Prudential Drive

Suite, Apt. #, Etc.

Suite 1

City

Jax

State

FL

Zip Code

32207

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

Ronald R. Austin

Date 11/21/2003

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
Pres.	MORTON, FANNIE	3623 BOULEVARD	Jax., Fla. 32208
Director	GARDNER, OSSIE	4821 DALLEN LEA DR.	Jax., Fla 32208
Director	RIVERS, CALVIN	4432 WOODSONG LOOP W	Jax., Fla. 32225

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 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:

Fannie L. Morton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

904-3534471

Daytime Phone #

CR2E081 (10/02)