

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -7 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500158206605
07/07/09--01019--007 **428.75

DOCUMENT # N00000004765

1. Corporation Name

Stephen Husmann Preparatory School, Inc.

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

2250 Broadway

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33901

Country

USA

3. Mailing Office Address

218 NE 23rd Ave.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33909

Country

USA

REINSTATEMENT 06-09
CR2E084 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 07/20/2000

5. FEI Number
651024896

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

Frank Scarpaci

Street Address (P.O. Box Number is Not Acceptable)
218 NE 23rd Ave.

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33909

☐ 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

Frank Scarpaci

REGISTERED AGENT MUST SIGN

Date 7-1-09

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
D	Frank Scarpaci	218 NE 23rd Ave.	Cape Coral, FL 33909
D	Karen Boyd	2250 Broadway	Ft. Myers, FL 33901
D	Clare Scarpaci	218 NE 23rd Ave.	Cape Coral, FL 33909

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-09

Date

Daytime Phone #