


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 31 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000006579

1. Corporation Name

Bennett Christiansen Academy, Inc.

2. Principal Office Address

1239 East Main Street

Suite, Apt. #, etc.

Suite 2

City & State

Bartow, Florida

Zip

33830

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

311751474

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

Mark F. Dahle

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

5150 South Florida Avenue

Suite, Apt. #, Etc.

A-105

City

Lakeland,

State

FL

Zip Code

33813

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

Mark F. Dahle

Date 12/30/03

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	Janiene Bambridge	c/o Florida Career Institute 4222 S. Florida Avenue	Lakeland, Florida 33813
VD	Robert B. Eanett, M. D.	1033 N. Parkway Frontage Rd	Lakeland, Florida 33813
TD	Julie B. Bunn	1239 East Main Street, Ste 2	Bartow, Florida 33830
D	Sherwood D. Smith	1515 Leighton Avenue	Lakeland, Florida 33803
D	June L. Scharra	1111 N. Bayshore Blvd, D-6	Clearwater, Florida 33759

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:

Janiene Bambridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03 863-646-1400.

Date

Daytime Phone #

CR2E081 (10/02)