

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 29 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000007076**

1. Corporation Name

SURVIVORS CHARTER SCHOOL, INC.

2. Principal Office Address

1310 N. CONGRESS AVE.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/00

5. FEI Number

65-1051022

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

DENNIS P. KOEHLER, ESQ.

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

1280 N. CONGRESS AVENUE

Suite, Apt. #, Etc.

SUITE 109

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

Dennis P. Koehler
REGISTERED AGENT MUST SIGN

Date

11/23/04

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
P	NEIL JAGOLINZER, ESQ.	1555 PALM BEACH LAKES BLVD. SUITE 1010	WEST PALM BEACH, FL 33401
VP	JAMES TUTHILL, ESQ.	2161 PALM BEACH LAKES BLVD. SUITE 407	WEST PALM BEACH, FL 33409
S/T	MR. HAMID FAQUIR, PhD	6911 CARISSA CIRCLE	WEST PALM BEACH, FL 33406
D	DR. JAMES MEDLOCK, DDS	2326 S. CONGRESS AVE. SUITE D	WEST PALM BEACH, FL 33406
D	MR. GEORGE ROBB	451 S. JUNO LANE	JUNO BEACH, FL 33408
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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 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:

Neil B. Jagolinzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/04

561-689-1888

Daytime Phone #

CR2E081 (01/04)