

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 30 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11282007 REIN-NP CR2E099 (1/07)

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # N00000007076 1. Entity Name SURVIVORS CHARTER SCHOOL, INC. | | | | | |
| Principal Place of Business 1310 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409 | | | Mailing Address 1310 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-1051022 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent KOEHLER, DENNIS P P.A. 2511 WESTGATE AVE. SUITE 7 1280 N. CONGRESS AVENUE, SUITE 104 WEST PALM BEACH, FL 33409 | |
| 7. Name and Address of New Registered Agent Name KOEHLER, DENNIS P P.A. Street Address (P.O. Box Number is Not Acceptable) 2511 WESTGATE AVENUE, SUITE 7 City WEST PALM BEACH, FL Zip Code 33409 | | | | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 11/28/07 | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JAGOLINZER, NEIL 1555 PALM BEACH LAKES BLVD. #1010 WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 200112715777 11/30/07--01007--011 **236.25 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FAQUIRE, HAMID PHD 6911 CARISSA CIRCLE WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDLOCK, JAMES DDS 2326 SOUTH CONGRESS AVE., SUITE D WEST PALM BEACH, FL 33406 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBB, GEORGE 451 SOUTH JUNO LANE JUNO BEACH, FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NEIL JAGOLINZER | | | Date 11/28/07 Daytime Phone # 561-689-1888 | | |

11/30/07