

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000007076

1. Corporation 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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2000

5. FEI Number

65-1051022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JAGOLINZER, NEIL	1555 PALM BEACH LAKES BLVD. #101	WEST PALM BEACH FL 33401
VD	FAQUIR, HAMID	6911 CARISSA CIRCLE	WEST PALM BEACH FL 33406
STD	REILLY, KIM	799 HUFF ROAD	WEST PALM BEACH FL 33415
D	MEDLOCK, JAMES DDS	2326 SOUTH CONGRESS AVE., SUITE	WEST PALM BEACH FL 33406
D	TUTHILL, JAMES ATTY	2161 PALM BEACH LAKES BLVD., SUI	WEST PALM BEACH FL 33409
D	COOPERMAN, SUSAN	12359 STRATFORD STREET	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

KOEHLER, DENNIS
1280 N. CONGRESS AVENUE, SUITE 104
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Dennis Koehler
REGISTERED AGENT MUST SIGN

Date

11/19/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

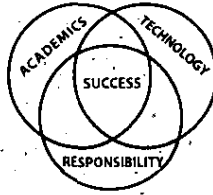
Date

Daytime Phone #

11/19/03

CR2E040 (7/03)

Survivors Charter School



"Paying It Forward"

November 21, 2003

Florida Department of State
Ms. Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SURVIVORS CHARTER SCHOOL, INC. – Application for Reinstatement -
Request for waiver of reinstatement fee

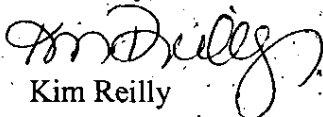
Dear Ms. Hood:

I am writing this letter on behalf of the SURVIVORS CHARTER SCHOOL, INC., a Florida not-for-profit corporation that I currently serve as Secretary/Treasurer and Director.

Attached is our application for reinstatement. We are requesting a waiver of the reinstatement fee because we did not receive the two prior uniform business report (UBR) notices required.

Anticipating your approval of this waiver request, we have attached a check in the amount of \$61.25 – the fee to file the corporate renewal without penalty – to our application for reinstatement.

Sincerely,


Kim Reilly
Secretary/ Treasurer

ends.