

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000026

1. Corporation Name

Austin Christian Academy For The
Development Of Excellence and Leadership

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

6901 N. Main St.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip
32208

Country
U.S.

3. Mailing Office Address

6901 N. Main St.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip
32208

Country
U.S.

7. Name and Address of Current Registered Agent

Name

Vernita Y. Coleman

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

6901 N. Main St.

Suite, Apt. #, Etc.

City

Jacksonville, Fl.

State

FL

Zip Code

32208

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/1/2001

5. FEI Number

593687634

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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

Vernita Y. Coleman

Date

12/12/08

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
P/D	Audrey A. White	6901 N. Main St.	Jacksonville, Fl. 32208
V/D	Vernita Y. Coleman	6901 N. Main St.	Jacksonville, Fl. 32208
S/D	AuGena D. Sapp	6901 N. Main St.	Jacksonville, Fl. 32208
D	EuGene L. White	6901 N. Main St.	Jacksonville, Fl. 32208
T/D	Daniel Sapp, Jr.	6901 N. Main St.	Jacksonville, Fl. 32208

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:

Vernita Y. Coleman

Vernita Y. Coleman 12/12/08 (904) 444-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 DEC 18 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

06-08