

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001139**

1. Corporation Name

KINGSTON ACADEMY, INC.

Principal Place of Business

4700 SW 188TH AVENUE
SOUTHWEST RANCHES FL 33332

Mailing Address

15701 SW 51ST MANOR
FORT LAUDERDALE FL 33331

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.

5741 S. Flamingo Road

City & State

Southwest Ranches, FL

Zip

33330

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2001

5. FEI Number

65-1078929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	GREEN, STEPHANIE	15701 SW 51ST MANOR	FORT LAUDERDALE FL 33331
D	MONTGOMERY, MICHAEL	14201 NW 60TH AVENUE 5020 SW 196th Lane	MIAMI LAKES FL 33014 SW Ranches, FL 33332
D	CONINI, ELIZABETH Contini	888 SPOONBILL CIRCLE	WESTON FL 33326

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8. Name and Address of Current Registered Agent

GREEN, STEPHANIE
15701 SW 51ST MANOR
FORT LAUDERDALE FL 33331

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

REGISTERED AGENT MUST SIGN

Date October 19, 2003

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

10/19/2003
Date

954-252-5362
Daytime Phone #

CR2E040 (7/03)