

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 20 AM 11:42

DOCUMENT # **NO1000003932**
1. Corporation Name **PALM BEACH SHORES
CHARTER SCHOOL, INC.**

2. Principal Office Address
2390 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Office Address
2390 S. Military Trail
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33415

Zip
33415

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida
6/6/2001

5. FEI Number
82-0589157

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
Schroeder, E. Scott

Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Blvd.

Suite, Apt. #, Etc.
Suite 500

City
Palm Beach Gardens

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State
FL

Zip Code
33410

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

REGISTERED AGENT MUST SIGN

Date **6/10/03**

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
D	DR. LEO S. CAROONA	2390 S. Military Trail	West Palm Beach, 33415
D	JUDITH SMITH	2390 S. Military Trail	West Palm Beach, 33415
D	LESLY ACTON	2390 S. Military Trail	West Palm Beach, 33415

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:

L. Aaron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/10/03**

Daytime Phone # **561-493-8000**

CR2E081 (10/02)