

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:08

DOCUMENT # **N01000004936**

1. Corporation Name

CHRIST ACADEMY, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400008967184
 11/13/02--01057--007 **236.25

Principal Place of Business

9791 ST. AUGUSTINE RD.
 JACKSONVILLE FL 32257

Mailing Address

9791 ST. AUGUSTINE RD.
 JACKSONVILLE FL 32257



REINSTATEMENT *02*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/10/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

X-01-058C928

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Bernard M. Cohen	9791 St. Augustine Rd	Jacksonville, FL 32257
Sec	John W. DuBose	9791 St. Augustine Rd	Jacksonville, FL 32257
Treas	Arthur G. Sartorius, III	1919 Atlantic Blvd	Jacksonville, FL 32207

11/2/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARTORIUS, ARTHUR G III
 1919 ATLANTIC BLVD.
 JACKSONVILLE FL 32207

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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *11/7/02*

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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02
 Date

904-398-8388
 Daytime Phone #

CPRE040 (8/02)