

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 31 AM 10:56

DOCUMENT # *110100005784*

1. Corporation Name

Success Academy Schools, Inc

100010138601
01/15/03--01086--013 **245.00

2. Principal Office Address

2103 Grand St

Suite, Apt. #, etc.

3. Mailing Office Address

2103 Grand St

Suite, Apt. #, etc.

City & State

Jacksonville Fla.

Zip

32218

Country

USA

City & State

Jacksonville Fla.

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/01

5. FEI Number

59-3218318

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

Reginald Estell

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

505 - Liberty Street

Suite, Apt. #, Etc.

City

Jacksonville, Fla

State
FL

Zip Code

32202

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

Reginald Estell

REGISTERED AGENT MUST SIGN

Date *12/31/02*

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
PD	<i>W. Jay Williams</i>	<i>2103 Grand St</i>	<i>Jax, Fl 32208</i>
SD	<i>Marian W. Johnson</i>	<i>2103 Grand St</i>	<i>Jax, Fl 32208</i>
D	<i>Chamon Johnson Peoples</i>	<i>2103 Grand St</i>	<i>Jax, Fl 32208</i>
D	<i>Elzie L. Johnson</i>	<i>2103 Grand St.</i>	<i>Jax, Fl 32208</i>

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:

Marian W. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02

Date

Daytime Phone #

904-766-7431