PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS				FILED 08 JUN 27 PM 3: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
DOCUMENT # N0100006321 1. Corporation Name Central Bradenton Charter School Corporation									SE TAI	CRETAR LAHASS	Y OF STA EE.FLOR	İĎA	
2. Principal	Office Address			_	REINSTATEMENT								
311-10th Avenue Drive West 311-										10th Avenue Drive West			
Suite, Apt. #, etc. Suite, Apt. #,					etc.			ŀ	4. Date Incorp	orated or Qualifi	ed	01 00	
City & State City & State								┥	To Do Business in Florida September 5, 2001				
Bradenton, Florida Brad					enton, Florida				5. FEI Number Applied For 651153213 Not Applicable				
Zip	Zip			Zip		Coun	•	6. 0.		OF STATUS DESI	\$8.75	Additional Fee required	
34205	ļ	USA		34205		USA	1	4	CERTIFICATE OF STATUS DESIRED of for a Certificate of Status				
7. Name and Address of Current Registered Agent Name									The rei	netatement	fee is impo	sed except in	
James T. Golden Street Address (P.O. Box Number is Not Acceptable) 311-10th Avenue Drive West Suite, Apt. #, Etc.									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				
City Bradento	State Zip Code 34205				fee be waived.								
8. I, being a Signature of Registered A	1	register	20	ve named corpo	e obli	Date6 / 2-6 / 0 8							
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonprofii	corpo	orations must list a	it leas	st 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Eacl Officer and/or Directo				City / State / Zip				
D	Pamela Coachman-Allen				1038 Street West				Bradenton, Florida 34208				
D	Jan E. S		1421 10th Avenue East				Bradenton, Florida 34208						
D	James T	en	311-10th Avenue Drive West					Bradenton, Florida 34205					
								00132464750 8/0801014002 **892.50					
											. <u>.</u>		
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: SIGNATURE: Date Daytime Phone #													
SIGNATURE: Date Dayline Priorite NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Priorite #													