

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 OCT 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006423**

1. Corporation Name

ACADEMY GROUP HOMES, INC.

Principal Place of Business

12012 BOYETTE RD.
RIVERVIEW FL 33569

Mailing Address

12012 BOYETTE RD.
RIVERVIEW FL 33569

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/10/2001

5. FEI Number

01-0549521

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	HOEFLE, EDWARD C	12012 BOYETTE RD.	RIVERVIEW FL 33569
DST	NUNN, MACK	12012 BOYETTE RD.	RIVERVIEW FL 33569
DV	LUCCASEN, RAY	12012 BOYETTE RD.	RIVERVIEW FL 33569

100008672331
10/29/02--01113--015 **70.00

8. Name and Address of Current Registered Agent

MADIGAN, TERRELL C ESQ
MCFARLAIN & CASSEDY, P.A.
215 S. MONROE ST., STE. 600
TALLAHASSEE FL 32301

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

CR2E040 (8/02)

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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 REQUIRED

Edward C. Hoefle 10/22/02 813/677-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Academy Group Homes, Inc.
12012 Boyette Road
Riverview, FL 33569

October 22, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

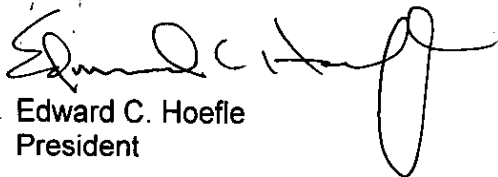
RE: Document #N01000006423

To Whom It May Concern:

I am requesting a waiver of the reinstatement fee for our corporation based on the fact that we did not receive the two prior uniform business report (UBR) notices. We would not have any reason not to file timely every year except if we do not receive the UBR.

Enclosed please find the Application for Reinstatement and our check in the amount of \$70.00. Please forward the Certificate of Status at your convenience.

Sincerely



Edward C. Hoeffle
President