PLEASE READ ALL IN TRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0100007143

1. Corporation Name

FLORIDA CHRISTIAN INSTITUTE FOR ACADEMIC EXCELLE NCE, INC.

Principal Place of Business

Mailing Address

2516 S.W. 30TH STREET CAPE CORAL FL 33914

2516 S.W. 30TH STREET CAPE CORAL FL 33914 FILED
02 OCT 25 AMII: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D.	PROTATEMENT OF
A H	TERMONIA SPRINGFIAL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.											
2830 WINKLER AVE 2830					ng Office Address, If Applicable WINKLER AVE			Date Incorporated or Qualified To Do Business in Florida 10/05/2001			
Suite Apt. #, etc. Suite Apt. #, Suite Apt. #,								5. FEI Number Ap			
City & State	₹ .	PL	City & State	4	S, F	1/_	01-05	94143	Not Applicable		
Zip 3 3	Myers 916	Country	Zip 339	16	Country		6.	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)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	LEONARDO, KEITH			2516 S.W. 30TH STREET				CAPE CORAL FL 33914			
D	HICKS, RI	9716 COMMONS EAST DRIVE, APT. C			PT. C	CHARLOTTE NC 28277					
D	JENSEN, RICHARD			1206 HIBISCUS AVENUE				LEHIGH ACRES FL 33936			
							80 0 10/2\$/0	0008597; 1201088002	208 **236.25		
						A	6210/3	0			
8. Name and Address of Current Registered Agent P9. Name and Address of New Registered Agent											
LEONARDO, KEITH 2516 S.W. 30TH STREET CAPE CORAL FL 33914					Name KEITH LEONARDU Street Address (P.O. Box Number is Not Acceptable) LOSO WINKLER AVE Suite, Apt. #, Etc. City State Zip Code						
	100						ryees		L 33216		
Signature of Registered Agent REGISTERED AGENT MUST SIGN											
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 filling 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.											