

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000007525**

1. Corporation Name

VILLAGE GREEN CHRISTIAN SCHOOL, INC.

Principal Place of Business

4707 SW 127TH AVENUE
MIAMI FL 33175

Mailing Address

4707 SW 127TH AVENUE
MIAMI FL 33175

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2001

5. FEI Number

65-0056456

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LEEDS, SANDRA	13821 SW 45TH TERRACE	MIAMI FL 33175
SD	LEHNHARD, MARIA E	13405 SW 72ND TERRACE	MIAMI FL 33183
TD	RIVERA, BARBARA	15359 SW 43RD TERRACE	MIAMI FL 33185

500024702975
11/14/03--01023--002 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEEDS, SANDRA
13821 SW TERRACE
MIAMI FL 33175

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

Sandra Leeds

Date

11/11/03

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 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:

Sandra Leeds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

CR2E040 (7/03)

**VILLAGE GREEN CHRISTIAN SCHOOL
4707 SW 127TH AVE.
MIAMI, FL 33175**

November 10, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Reference: DOCUMENT # N01000007525

Dear Sir or Madam:

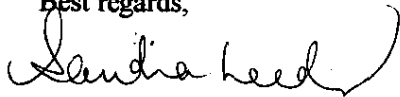
Please accept our apologies for the non-filing of the 2003 annual report. As we indicated to the customer service representative from your department we did not receive the initial application and therefore we are kindly asking you to waive the penalty and reinstate the corporation.

Please accept the attached check in the amount of US \$ 61.25 for the filing of the 2003 Corporate Reinstatement Report.

Please accept my apologies and gratitude for processing my request.

If you have any questions, please call me at 305-559-4297

Best regards,



Sandra Leeds
Director

