

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -8 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # -101000008688

1. Corporation Name

Star Christian Center and Academy, Inc

2. Principal Office Address - No P.O. Box #

1930 NE Waldo Rd

3. Mailing Office Address

1930 NE Waldo Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

Alachua

Zip

32609

Country

Alachua

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0599457

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

SE 75. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phyllis Thomas-Dykes

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

1930 NE Waldo Road

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

☐ 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
fee be waived.

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

Phyllis Thomas-Dykes

Date

4/29/07

REGISTERED AGENT MUST SIGN

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
DP	DP Thomas-Dykes, Phyllis	6702 NW 28th Terr Gainesville, FL 32653	Gainesville, FL 32653
VP	VP Thomas-Salter, Debra	2234 NW 41st Pl	Gainesville, FL 32605
ST	ST Thomas, Sheila	6702 NW 28th Terr	Gainesville, FL 32653
D	D Thomas, Phillip Sr Pastor	2218 NE 87 DR.	Gainesville, FL 32609

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05/22/07--01047--013 **8.75
300103031839
05/22/07--01047--014 **420.00

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:

Phyllis Thomas-Dykes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/07 325-336-5300

Daytime Phone #