

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 27 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *NOI 00000 8944*

**1. Corporation Name**

EAGLE ACADEMY FOUNDATION, INC.

**2. Principal Office Address**

11396 Shiloh Way

**3. Mailing Office Address**

11396 Shiloh Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Boca Raton, FL

**City & State**

Boca Raton

**Zip**

33428

**Country**

USA

**Zip**

33428

**Country**

USA

*03-05*  
**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/21/2001

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

CORNELIUS, MARY

*\$358.75*

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

5718 PEBBLE BROOK LN

*200053998682*

*05/06/05--01011--018 \*\*\*455.00*

Suite, Apt. #, Etc.

**City**

BOYNTON BEACH

**State**

FL

**Zip Code**

33437

**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

REGISTERED AGENT MUST SIGN

Date

*4.22.05*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| CD     | TIM HESTER                           | 11396 SHILOH WAY                                  | BOCA RATON/ FL/ 33428   |
| CC/T/C | JIM PATTON                           | 7540 DUNCREST ROAD                                | LAKE WORTH/ FL/ 33467   |
| CC/D   | STEVE BELTON                         | 840 AZURE AVE                                     | WELLINGTON/ FL/ 33414   |
| S/D    | MARY CORNELIUS                       | 5718 PEBBLE BROOK LANE                            | BOYNTON BEACH/ FL 33437 |
|        |                                      |   |                         |
|        |                                      |   |                         |

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Patton*

Date

*4/14/05 561-964-1431*

Daytime Phone #

*5/1/05*