

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000002101**

1. Corporation Name

THE LANGUAGE ACADEMY CHARTER SCHOOL, INC.

Principal Place of Business

Mailing Address

4125 US HWY. 19
NEW PORT RICHEY FL 34652

4125 US HWY. 19
NEW PORT RICHEY FL 34652

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	CARSON, GARY W	4125 US HWY. 19	NEW PORT RICHEY FL 34652
VD	SELLERS, WALTER	7401 ISLANDER LANE	HUDSON FL 34667
SD	CONZATTI, CINDY	P. O. BOX 7602	WESLEY CHAPEL FL 33543
TD	WEBSTER, JOHN	3746 LIGHTHOUSE WAY	HOLIDAY FL 34691

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10/21/03--01053--024 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARSON, GARY W
4125 US HWY. 19
NEW PORT RICHEY FL 34652

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

Gary W. Carson
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Gary W. Carson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

THE LANGUAGE ACADEMY

4125 US Hwy 19
New Port Richey, FL 34652
(727) 847-9300 Fax: (727) 847-9315

October 16, 2003

Glenda E. Hood
Secretary of State

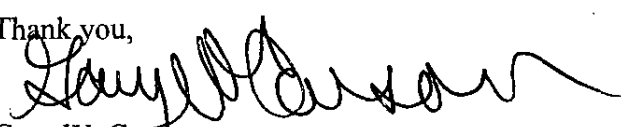
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hood,

This letter is to inform you that we have not received the Annual Uniform Business Report. I have enclosed the completed application for reinstatement and the UBR filing fee of \$61.25.

Please let me know if you need any further information.

Thank you,


Gary W. Carson
President