

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 DEC 11 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003892

1. Corporation Name

THEODORE R. AND THELMA A. GIBSON CHARTER SCHOOL, INC.

Principal Place of Business

Mailing Address

3629 GRAND AVENUE
MIAMI FL 33133

3629 GRAND AVENUE
MIAMI FL 33133

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
Miami, FL

Zip

Country

Zip

Country

33155

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

05/20/2002

5. FEI Number

02-0607895

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	HOULIHAN, EDITH ESQ.	3629 GRAND AVENUE	MIAMI FL 33133
D	MOORE, ROBERT DR.	3629 GRAND AVENUE	MIAMI FL 33133
D	RODRIGUEZ, MANUEL J	3629 GRAND AVENUE	MIAMI FL 33133
D	WALLACE, SANDRA	3629 GRAND AVENUE	MIAMI FL 33133
DP	BAUMGARD, ROBERT M RABBI Charles A. Gibson	3629 GRAND AVENUE	MIAMI FL 33133
D	GIBSON, THELMA A Yvonne G. Grassie	3629 GRAND AVENUE	MIAMI FL 33133

8. Name and Address of Current Registered Agent

ZULUETA, IGNACIO G ESQ.
6255 BIRD ROAD
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

600024381786
11/03/03--01071--007 **236.25

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/03

CR2E040 (7/03)