

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -4 PM 5:41

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

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12/29/09--01033--004 **245.00

07-2010
REINSTATEMENT

DOCUMENT # N 02000009024

1. Corporation Name

Quicken minds outreach
Academy, Inc.

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

7410 Sharbeth Dr S

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32210

City & State

Zip

County

32210

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2008

5. FEI Number

33-1045488

☒ 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

Chandra Oliver

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

7410 Sharbeth Dr S.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

☒ 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

Chandra Oliver

Date

12/28/09

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
Pres.	Chandra Oliver	7410 Sharbeth Dr S	Jax, FL 32210
BM	Candoria Peterson	7410 Sharbeth Dr S	Jax, FL 32210
BM	Shantell McQueen	5749 Rover Drive	Jax, FL 32210
Adl	Lamorris Moore	2962 Fitzgerald St	Jax, FL 32254

10. E-mail Address: cdoliver@myway.com

(To be used for future annual report notification)

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. I further certify, 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:

Chandra Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/09

Date

9044870059

Daytime Phone #