



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | | | |
|--|--------------------------------------|---------------------|---------|--|---|---|--|---|--|
| DOCUMENT # N03000006360 1. Entity Name MT. PLEASANT STANDARD BASE MIDDLE SCHOOL, INC. | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV -2 AM 10: 09 | | | |
| Principal Place of Business 2002 N. ROME AVENUE N/A TAMPA, FL 33607 US | | | | Mailing Address P.O. BOX 4729 N/A TAMPA, FL 33607 US | | | | REINSTATEMENT 06  | |
| 2. Principal Place of Business | | 3. Mailing Address | | 10252006 REIN-NP | | CR2E099 (11/05) | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-1901018 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| BOWERS, DAVID L 7108 FLOUNDER DRIVE TAMPA, FL 33607 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50 | | | | Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | CHAI <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | KINSEY, RANDOLPH -- | | | NAME | | | | | |
| STREET ADDRESS | 4201 UNION ST. | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | | CITY-ST-ZIP | 200081473142 11/02/06--01033--014 **236.25 | | | | |
| TITLE | V-C <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | KIRKLAND, C. T. -- | | | NAME | | | | | |
| STREET ADDRESS | 1315 FLAXWOOD AVENUE | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | | CITY-ST-ZIP | | | | | |
| TITLE | SEC <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | GAINES, STEPHANIE V - | | | NAME | | | | | |
| STREET ADDRESS | 1012 ENGLISH BLUFFS COURT | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | | CITY-ST-ZIP | | | | | |
| TITLE | TREA <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | COLLINS, CAROLYN -- | | | NAME | | | | | |
| STREET ADDRESS | 4002 W. LASALLE ST. | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |
| SIGNATURE: <i>Randolph Kinsey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 10/25/06 <small>Date Daytime Phone #</small> | | | | | |