

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03000006902

1. Corporation Name

Ebenezer Christian Academy of Fort Myers, Inc.

2. Principal Office Address		3. Mailing Office Address	
P.O. Box 6962			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fort Myers, Florida		Fort Lauderdale, Florida	
Zip	Country	Zip	Country
33911	USA	33309-1206	USA

300067458293
03/09/06--01020--026 **297.50

4. Date Incorporated or Qualified To Do Business in Florida		8/13/2005
5. FEI Number	Applied For	
20-1545729	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name		
Joseph Gabriel		
Street Address (P.O. Box Number is Not Acceptable)		
2501 Davis Street		
Suite, Apt. #, Etc.		
City		
Fort Myers		
State	Zip Code	
FL	33916	

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

Date 11/7/2005

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
BAEO	Rodriquez, Clifton H.	3146 NW 68 Street, Suite No.1	Fort Lauderdale, Florida 33309-1206
D/ED	Gabriel, Joseph R.	2501 Davis Street	Fort Myers, Florida 33916
S/D	Gabriel, Natacha	2501 Davis Street	Fort Myers, Florida 33916
VP/D	Etienne, Emy, Sr.	749 NE 82nd Street	Miami, Florida 33161
T/D	Saint Phard, Jean Paul	12433 NE Miami Court	Miami, Florida 33161

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:

Joseph Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Gabriel, Exec. Direc

11/7/2005

(239)292-7357

Date

Daytime Phone #

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # N03000006902	
1. Entity Name Ebenezer Christian Academy of Fort Myers, Inc.	

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 6962 Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1	
City & State Fort Myers, Florida		City & State Ft. Lauderdale, Florida	
Zip 33911-0000	Country USA	Zip 33309	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1545729		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph Gabriel
Street Address (P.O. Box Number is Not Acceptable)
2501 Davis Street

City
Fort Myers **FL** Zip Code
33916

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 Joseph Gabriel **Joseph Gabriel** **4/30/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Director/Chairperson/Trustee Joseph Gabriel 2501 Davis Street Fort Myers, Florida 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director/Trustee Natacha Gabriel 2501 Davis Street Fort Myers, Florida 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee/Director Emy Etienne, Sr. 749 NE 82nd Street Miami, Florida 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee/Director Jean Paul Saint Phard 12433 NE Miami Court Miami, Florida 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Gabriel **Joseph Gabriel, Exec. Director** **11/7/2005** **(239)292-7357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #