

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 27 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N03000008879**

1. Corporation Name
CHARTER Military Schools Development Corporation

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

605 Waterside Way

Suite, Apt. #, etc.

3. Mailing Office Address

605 Waterside Way

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34242

Country

UNITED STATES

Zip

34242

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 13 2003

5. FEI Number

20-0299297

☐ 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

BURT L. BERSHON

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

605 Waterside Way

Suite, Apt. #, Etc.

City

SARASOTA FL R

State

FL

Zip Code

34242

☒ 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

Burt L. Bershon

Date **April 20, 2010**

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
President	BURT L. BERSHON	605 WATERSIDE WAY	SARASOTA FL 34242
V President	Kenneth HOFFMANN	3019 CONCORD ROAD	VENICE FL 34293
Secretary	COREY FIRNSTAHL	1029 SNEAD AVE	SARASOTA, FL 34237

REINSTATEMENT 2008-2010
MPL
4-27-10

10. E-mail Address: **CHARTER MIL SCH DEV @ AOL - 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:

Burt L. Bershon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/10

Date

(941) 914-6058

Daytime Phone #