

APPROVAL
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC -4 PM 4:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 12-5-07

DOCUMENT # NO 4000001319

1. Corporation Name

Wise Christian Homeschool, Inc.

100112804591
12/04/07--01011--007 **183.75

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

2056 P. Courtney Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Herritt Island

City & State

Same

Zip

32953

Country

Brevard

Zip

Same

Country

Same

REINSTATEMENT 05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/9/2004

5. FEI Number

27-0029619

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

Mary A. Akery

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

131 Cocoa Place

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

☒ 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

Mary Akery

REGISTERED AGENT MUST SIGN

Date

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	Mary A. Akery	131 Cocoa Place	Cocoa, FL 32922
Sec	Carla R. Akery	131 Cocoa Place	Cocoa, FL 32922

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 contained in Chapter 119, 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:

Mary Akery MARY AKERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 452 7210