

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 25 PM 3:07

SECRETARY OF STATE
ATLANTA, GA

DOCUMENT # N04000005909

1. Corporation Name

SUCCESS LEADERSHIP ACADEMY, INC

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 1237 N.E. 4th Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State	
Zip 33304	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida June 14, 2004	
5. FEI Number 202665301	Applied For <input type="checkbox"/> 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 William D. Hunter, CPA			
Street Address (P.O. Box Number is Not Acceptable) 73 Marie Circle			
Suite, Apt. #, Etc.			
City Crawfordville	State FL	Zip Code 32327	

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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 William D. Hunter
REGISTERED AGENT MUST SIGN

Date 3/25/13

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
D	Carla Schneider	215 N.E. 16th Avenue #203	Fort Lauderdale, FL 33301
D	Jerry Sutherland, Sr	7929 N.W. 10th Court	Miami, FL 33150
D	Reggie Lewis	6101 N. Falls Circle Dr. #112	Lauderhill, FL 33319
D	Lahoma Scarlette	7501 N.W. 16th Street	Plantation, FL 33313

10. E-mail Address: successleadership13@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: William D. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/13

(786)516-1444

DATE

Daytime Phone

3/26