

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04000007676**

1. Corporation Name

**SPIRIT CITY ACADEMY, INC.**

2. Principal Office Address - No P.O. Box #  
**1034 NE 215TH STREET**

Suite, Apt. #, etc.

3. Mailing Office Address  
**20010 NW 14TH COURT**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33179 USA**

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33169 USA**

**7. Name and Address of Current Registered Agent**

Name  
**CECILIA HONEYWOOD**

Street Address (P.O. Box Number is Not Acceptable)  
**20010 NW 14TH COURT**

Suite, Apt. #, Etc.

City  
**MIAMI**

State Zip Code  
**FL 33169**

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

*Cecilia Honeywood*  
REGISTERED AGENT MUST SIGN

Date **FEBRUARY 15, 2010**

**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
P	ORR, JOHNNY	1034 NW 215TH ST	MIAMI, FL 33179
TR	STROMAN, KOZMAN	1034 NW 215TH ST	MIAMI, FL 33179
D	HONEYWOOD, CECILIA	1034 NW 215TH ST	MIAMI, FL 33179
D	COLE-RUSSEL, EUGENIA	1034 NW 215TH ST	MIAMI, FL 33179
D	ORR, EUNICE	1034 NW 215TH ST	MIAMI, FL 33179

**REINSTATEMENT**

**RA**

10. E-mail Address: **GODISALLTOME25@YAHOO.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:

*Cecilia Honeywood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/10

305-761-1246

Date

Daytime Phone #

**FILED**

10 FEB 17 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**500169564895**  
02/18/10--01015--005 \*\*183.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida **08/05/2004**

5. FEI Number  
**200847978**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.