

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008435	
1. Entity Name COOPERATIVE CHARTER SCHOOL, INC.	



FILED

07 JUN -7 AM 7:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1781 NW 54TH STREET MIAMI, FL 33142 8841 NW 14 AVE	Mailing Address 1781 NW 54TH STREET MIAMI, FL 33142 33147
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REINSTATEMENT
053100 REM-NT CR2E099 (1/07) 06-07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8841 N.W. 14th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33147	Country Dade	Zip	Country

4. FEI Number 20-1551582	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STRACHAN, RICHARD J 8841 NW 14TH AVENUE MIAMI, FL 33147		7. Name and Address of New Registered Agent Name XXXXXXXXXXXXXXXXXXXX Street Address (P.O. Box Number is Not Acceptable) XXXXXXXXXXXXXXXXXXXX City XXXXXXXX FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STRACHAN, RICHARD J 8841 NW 14 AVE. MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Coachman, Chester 9500 N.W. 14th Ct. Miami, Fl. 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Fisher, R. T. 1550 N.W. 143 Ct. Miami, Fl. 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Thomas, Abraham Rev. 17320 N.W. 17th Avenue Miami, Fl. 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROLLE, DORRIN 2400 NW 54TH STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Strachan, Richard B. 8841 N.W. 14th Avenue Miami, Fl. 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILLIAM, JOHN 1764 NW 192 ST. MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOHNSON, ELOISE 2501 NW 55 TER. MIAMI, FL 33142 <input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J. Strachan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

RICHARD J. STRACHAN **305-691-3209 YES**