


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -6 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000008435 1. Entity Name COOPERATIVE CHARTER SCHOOL, INC.	
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Principal Place of Business 8841 NW 14TH AVENUE MIAMI, FL 33147	Mailing Address 8841 NW 14TH AVENUE MIAMI, FL 33147
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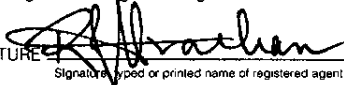
2. Principal Place of Business - No P.O. Box # COOPERATIVE CHARTER SCHOOL, INC	3. Mailing Address 8841 NW 14 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	4. FEI Number 20-1551582
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Zip 33147	Country USA	Zip 33147	Country DADF
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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: SAME Street Address (P.O. Box Number is Not Acceptable) City: 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:  (NOTE: Registered Agent signature required when reinstating) DATE: **11-1-08**

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

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	<input type="checkbox"/> Change <input 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	800137697918 11/06/08--01016--008 ***245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOHNSON, ALICE 8841.NW 14TH STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PINKEY, ENID 8841 NW 14TH AVENUE MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOHNSON, ELOISE 2501 NW 55 TER. MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE: **11-1-08** DAYTIME PHONE #: **305-691-3209**