

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 JAN -3 AM 8:59

DOCUMENT # **N06000006402**

1. Corporation Name

**Know Thy Self Education +
Cultural Arts Academy, INC**

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

82845 W. King St

Suite, Apt. #, etc.

7103

3. Mailing Office Address

P.O. Box 1144

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32926

Country

USA

Zip

32923

Country

USA

REINSTATEMENT

2011

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2006

5. FEI Number

22-3935380

☐ 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

ALBERTA CLINKSCALES

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

2032 NOTTINGHAM Rd.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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01/03/12--01042--006 **236.25

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

Alberta Clinkscals

REGISTERED AGENT MUST SIGN

Date **12/29/11**

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	ALBERTA CLINKSCALES	2032 NOTTINGHAM Rd. Melbourne, FL	Melbourne FL 32935
VP	Dliver FAIN	P.O. Box 85	Cocoa, FL 32922
T	DAVID CLINKSCALES	2032 NOTTINGHAM Rd.	Melbourne, FL 32935
D	Jackie Collis		
D	Jacqueline Collins	535 MIMOSA ST.	Palm Bay, FL 32908
D	Angelette King	1960 Park Ave #14C	New York, N.Y. 10035

10. E-mail Address: **admin@knowthyselfacademy.org**

(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:

Alberta Clinkscals **ALBERTA CLINKSCALES** **12/29/11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #