

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008515

FILED
Sep 30, 2008
Secretary of State

Entity Name: KEYSTONE PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

12606 HENDERSON ROAD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

12606 HENDERSON ROAD
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-5596837 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KARNISKI, WALT MD
12606 HENDERSON ROAD
TAMPA, FL 33625 US

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.

SIGNATURE: WALT KARNISKI, MD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KARNISKI, WALT MD
Address: 12606 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33625

Title: DVS () Delete
Name: DELANEY, LOIS MA
Address: 12606 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: READ, WILLIAM T MD
Address: 8735 CONCORD COURT
City-St-Zip: INVER GROVE HEIGHTS, MN 55076

Title: D () Delete
Name: OLDHAM, CHARLES MA
Address: 901 ATWATER ROAD
City-St-Zip: LAKE OSWEGO, OR 97034

Title: D () Delete
Name: LARSON, AMELIA V M.A. ED
Address: 6618 GLENCOE DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT KARNISKI, MD

DPT

09/30/2008

Electronic Signature of Signing Officer or Director

Date