

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000008877

1. Corporation Name

SAINT THOMAS CHRISTIAN COLLEGE CORP

W1-10853

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

4651 Salisbury Road

Suite, Apt. #, etc.

4th Floor

City & State

Jacksonville

Zip

32256

Country

USA

3. Mailing Office Address

PO Box 2052

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32203

Country

usa

200171049002
03/02/10--01049--004 **122.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 08/22/2006

5. FEI Number

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

Vanetta Jackson

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

600 South Edgewood ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

☒ 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.

200171049002
03/11/10--01002--014 **61.25

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

Vanetta Jackson

Date 2-10-2010

REGISTERED AGENT MUST SIGN

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	Reverend Zamekio Jackson	600 South Edgewood Avenue	Jacksonville, Florida 32205
V	Mr Elvin Proctor	600 South Edgewood Avenue	Jacksonville, Florida 32205
C	Mrs Barbra Williams	600 South Edgewood Avenue	Jacksonville, Florida 32205
D	Takasha Fulton	600 South Edgewood Avenue	Jacksonville, Florida 32205

4/3/11

10. E-mail Address: presidentjackson@greateducation.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:

[Signature]

Reverend Zamekio Jackson, President 02-10-10

9043895592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #