

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAR 22 AM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000003590

1. Corporation Name

Imani Elementary Charter
Academy, Inc.

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

1780 Mercy Drive
Suite, Apt. #, etc.

3. Mailing Office Address

1780 Mercy Drive
Suite, Apt. #, etc.

City & State

Orlando, FL 32808

Zip Country

32808 USA

City & State

Orlando, FL 32808

Zip Country

32808 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/2009

5. FE Number

264612156

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lorraine Dixon

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

7349 High Lake Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

400245992154
03/22/13--01028--019 **245.00

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

Lorraine Dixon

REGISTERED AGENT MUST SIGN

Date 3/19/13

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/S	Lorraine Dixon	7349 High Lake Drive	Orlando, FL 32818

S. HAWKES
MAR 26 2013
EXAMINER

10 E-mail Address: ArdonnaLumpkin@gmail.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., 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:

Lorraine Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/13 (305) 923-8988

Daytime Phone #