PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000006686

1. Corporation Name

College Preparatory Academy of the Treasure Coast, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
501 NW University Blvd	6340 Sunset Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Miami, FL
Zip: 34986 Country:	Zip: 33143 Country:

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/2010

5. FEI Number: 800624624 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee Zip Code: FL 32301

JUL 31 2013
T. SCOTT

000250314850

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: Sue G. Knight Assistant Vice President Date: 7-31-13

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
C/D	Stephen Stefano	501 NW University Blvd	Port St. Lucie, FL 34986
S/D	Ryan Strickland	501 NW University Blvd	Port St. Lucie, FL 34986
D	Mayor JoAnn Faiella	501 NW University Blvd	Port St. Lucie, FL 34986
D	Trisha Hawthorne	501 NW University Blvd	Port St. Lucie, FL 34986
D	Susan Minch	501 NW University Blvd	Port St. Lucie, FL 34986
D	Commissioner Tod Mowery	501 NW University Blvd	Port St. Lucie, FL 34986

10. E-mail Address: cpapa@academica.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: Lourdes Isla Mainero 6/30/2013 305-669-2908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additional Directors: (Continued from Previous Page)			
Titles	Names of Officers and/or Directors	Street Address	City/State/Zip
D	Teri Pinney	501 NW University Blvd	Port St. Lucie, FL 34986
D	Kacey Armstrong	501 NW University Blvd	Port St. Lucie, FL 34986
D	Lourdes Marrero	501 NW University Blvd	Port St. Lucie, FL 34986

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 745410 131879A

AUTHORIZATION :

COST LIMIT : $ 297.50

ORDER DATE : July 31, 2013

ORDER TIME : 10:27 AM

ORDER NO. : 745410-005

CUSTOMER NO: 131879A

DOMESTIC FILINGS

NAME: COLLEGE PREPARATORY ACADEMY OF THE TREASURE COAST, INC.

RECEIVED
2013 JUL 31 AM 10 55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____