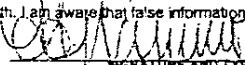


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 # 501 NW University Blvd Suite, Apt. #, etc.		3. Mailing Office Address 6340 Sunset Dr Suite, Apt. #, etc.	
City & State Port St. Lucie, FL Zip 34986		City & State Miami, FL Zip 33143	
		4. Date Incorporated or Qualified To Do Business in Florida 07/13/2010 5. FET Number 800624624 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED \$0.75 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 State Code FL 32301			
JUL 31 2013 T. SCOTT Sue G. Knight Assistant Vice President Signature of Registered Agent Date 7-31-13			
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.			
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: cpaba@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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Louis Isla Mainero	
		Date 6/30/2013 305-669-2906 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

Page 3 of 3

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.

TO ACHIEVE
SUFFICIENCY OF FILING

2013 JUL 31 AM 10:55

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 _____