
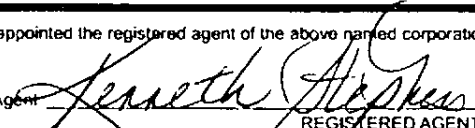
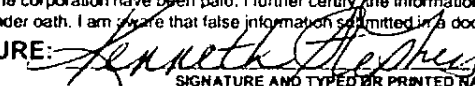


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		2023 MAY 13 4:40	
DOCUMENT # N17000006534					
1. Corporation Name <b>The Academy of Excellence INC</b>					
2. Principal Office Address - No P.O. Box # <b>217 N. Kirkman Road</b>		3. Mailing Office Address <b>217 N. Kirkman Road</b>		600409034156 05/18/23--01004--001 **\$95.00 CR2E081 (11/10)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>			
Zip <b>32811</b>	Country <b>Orange</b>	Zip <b>32811</b>	Country <b>Orange</b>		
7. Name and Address of Current Registered Agent				4. Date Incorporated or Qualified To Do Business in Florida <b>06/20/2017</b>	
Name <b>Kenneth Stephens</b>				5. FEI Number <b>82-1865564</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>217 N. Kirkman Road</b>				Applied For <input type="checkbox"/>	
Suite, Apt. #, Etc.				Not Applicable <input checked="" type="checkbox"/>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32811</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
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 				Date <b>3/22/23</b>	
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	Kenneth Stephens	217 N. Kirkman Road	Orlando, Florida 32811		
V	Dr. Marcie Matthews	217 N. Kirkman Road	Orlando, Florida 32811		
S	Miyoshi Gordon-Mathews	217 N. Kirkman Road	Orlando, Florida 32811		
T	Sweetie Steward	217 N. Kirkman Road	Orlando, Florida 32811		
D	Willie C Barnes	217 N. Kirkman Road	Orlando, Florida 32811		
D	Patricia Knowles	217 N. Kirkman Road	Orlando, Florida 32811		
10. E-mail Address: <b>theexcellenceacademy2017@gmail.com</b>					
<small>(To be used for future annual report notification)</small>					
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: 				Date <b>3/22/23</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	