

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46135**

1. Corporation Name

TALLAVANA CHRISTIAN SCHOOL, INC.

98 MAY 20 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

RT 3 BOX 496
HAVANA FL 32333
US

RT 3 BOX 496
HAVANA FL 32333
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3097271

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	SCOTT, PRESTON R	RT 3 BOX 496	HAVANA FL 32333
PO	CUTLER, JOSEPH	RT 3 BOX 496	HAVANA FL 32333
ST	GREGORY, BEVERLY	RT 3 BOX 496	HAVANA FL 32333
D	JETT, ROBERT	RT 3 BOX 496	HAVANA FL 32333
D	ROWAN, SONORA	RT 3 BOX 496	HAVANA FL 32333
D	HUSSEN, DAVID	RT 3 BOX 496	HAVANA, FL 32333

8. Name and Address of Current Registered Agent

SCOTT, PRESTON R
2994 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

Street Address

Suite, Apt. #, Etc.

City

REINSTATEMENT

900002531909-7

05/21/98 State 01006 819
****297 FL ****297.50

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/98

Date

538-5300

Daytime Phone #

CR2E040 (8/97)