

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -5 PM 2:45

**DOCUMENT #**

1. Corporation Name

Emerald Coast Academy, Inc.

n47467

w060000/8022

2. Principal Office Address

3479 Mai Kai Drive

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

U.S.A.

3. Mailing Office Address

3479 Mai Kai Drive

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/1992

5. FEI Number

59-3108427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

Hermina Krucke

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

3479 Mai Kai Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

*Hermina Krucke*

Date

3/13/06

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	Sherry F. Chancellor	2601 Pleasant Valley Dr.	Cantonment, FL 32533
VP	Hans Krucke	3479 Mai Kai Drive	Pensacola, FL 32526
T	Marjorie Byrd	7732 Chesterfield Rd.	Pensacola, FL 32506
S	Hermina Krucke	3479 Mai Kai Drive	Pensacola, FL 32526
			06/15/06--01050--002 **\$50.00
			06/15/06--01050--002 **\$50.00

10. 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:

*Sherry Chancellor President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850 478 3409

Daytime Phone #



THOMAS G. MORTON, JR.  
SHERRY FOWLER CHANCELLOR

6050 NORTH 9TH AVENUE  
PENSACOLA, FLORIDA 32504  
EMAIL: MORLAW@MORTONLAWCENTER.COM

☐ (850) 477-9102  
☐ (850) 478-2048  
☐ (850) 474-4887  
FAX (850) 476-5825

May 31, 2006

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314  
Attention: Tyrone Scott


RE: Emerald Coast Academy, Inc.  
Ref No.: N47467

Dear Mr. Scott:

Pursuant to your letter dated April 17, 2006, enclosed please find a firm trust check in the amount of \$560.00 to cover the report fees for the years the above referenced corporation was inactive and \$8.75 for one copy of the Certificate of Status.

If any additional information is needed, please don't hesitate to call my office.

Sincerely,

  
Sherry F. Chancellor,  
Attorney at Law

SFC/dah