

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 11 PM 5:36

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000837

1. Corporation Name

FLORIDA LEARNING ACADEMY PRIVATE SCHOOL, INC.

2. Principal Office Address

5993 COKER AVE.

Suite, Apt. #, etc.

City & State

COCOA, FL.

Zip

32927

Country

USA

3. Mailing Office Address

5993 COKER AVE.

Suite, Apt. #, etc.

City & State

COCOA, FL.

Zip

32927

Country

USA

REINSTATEMENT

00-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/1992

5. FEI Number

59-3166860

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

THERESA A RHAME

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

5993 COKER AVE.

Suite, Apt. #, Etc.

City

COCOA,

State

FL

Zip Code

32927

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

Theresa A Rhame
REGISTERED AGENT MUST SIGN

Date

10-3-05

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
PD	THERESA A. RHAME	5993 COKER AVE.	COCOA, FL. 32927
VD	CAROL PULVER	21 VOLUSIA DR.	DEBARY, FL. 32713
TD	LEE ANN GEORGE	118 W PASCO LN.	COCOA BCH., FL. 32931
SD	SHANNON WELDON	460 MONITOR ST.	MERRITT ISL., FL. 32952

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theresa A Rhame

10-3-05 321-639-2758