PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
04 JAN -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001747

1. Corporation Name
ORANGE AVENUE CHARTER School INC

2. Principal Office Address	**3.** Mailing Office Address
921 ORANGE AVE.	921 orange AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, Fla	City & State: Fort Pierce, Fla.
Zip: 34950 Country: St. Lucie	Zip: 34950 Country: St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida: 04-08-1994

5. FEI Number: 65-044-0395 ☐ 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: Jonathan Ingram

Street Address (P.O. Box Number is Not Acceptable): 4700 Juanita AVE.

200026334832
01/07/04--01012--019 **525.00

Suite, Apt. #, Etc.

City: Ft. Pierce, State: FL Zip Code: 34950

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: Jonathan Ingram REGISTERED AGENT MUST SIGN Date

CR2E081 (9/01)

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
Director	Jonathan Ingram	4700 Juanita AVE	Ft. Pierce, Fla. 34946
T	Mike SWANSON	1255 SW Maplewood Dr.	Port St. Lucie Fla. 34986
VCD	Katie ALston	1502 N. 23 Rd. St.	Ft. Pierce, Fla. 34950
SD	FARRByrd. Ethel	103 Hilton Dr	Ft. Pierce, Fla. 34950
D	Ronnie Green	1604 N 44th St.	Ft. Pierce, Fla. 34947

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: Jonathan Ingram Jonathan Ingram 772-465.7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #