

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 AM 10:17

DOCUMENT # N96000002605

1. Corporation Name

THE LIBERTY CITY CHARTER SCHOOL PROJECT, INC.

Principal Place of Business

Mailing Address

8700 N.W. 5TH AVENUE
MIAMI FL 33150

8700 N.W. 5TH AVENUE
MIAMI FL 33150



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

05/14/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0683143

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	BUSH, JOHN ELLIS	8700 N.W. 5TH AVENUE	MIAMI FL 33150
PD	FAIR, T. WILLARD	8700 N.W. 5TH AVENUE	MIAMI FL 33150
CD	WALLACE, MARK DAVID	201 S. BISCAYNE BLVD.	MIAMI FL 33128
PD	WILSON, KATRINA	8700 N.W. 5TH AVENUE	MIAMI FL 33150
			100003463651--3 -11/15/00--01017--002 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

WALLACE, MARK D
C/O STAIK, FERNANDEZ & ANDERSON
1200 BRICKELL AVENUE, SUITE 950
MIAMI FL 33131-3255

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. 10/23/00

Signature of
Registered Agent

Katrina Wilson Jones
REGISTERED AGENT MUST SIGN

Date

10/20/2000

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., 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

Katrina Wilson Jones

10/20/2000
Date

(305) 757-2700
Daytime Phone #

CR2E040 (8/00)