

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N96000004262

**1. Corporation Name**

Carpe Diem Academic Homeschooling Association Inc

18400 Timberlan Drive  
PO Box 719

**2. Principal Office Address**

18400 Timberlan Drive

**3. Mailing Office Address**

PO Box 719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz Florida

City & State

Lutz Florida

Zip

33549

Country

Hillsborough

Zip

33548

Country

Hillsborough

**4. Date Incorporated or Qualified**

To Do Business in Florida August 14 1996

**5. FEI Number**

20-1475309

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-04

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

Name

Frank L Hearne

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

101 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 3140

City

Tampa

State

FL

Zip Code

33602

200840526892  
08/26/04--01035--007 \*\*\$1.25

**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

*Frank L Hearne*

Date August 11 2004

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
Trustee	Frank L Hearne	PO Box 719	Lutz Florida 33548
Trustee	Teresa T Hearne	PO Box 719	Lutz Florida 33548
Trustee	Rebecca A Ehret	18303 Dolly Brook Lane	Lutz Florida 33549

**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 filling 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:**

*Teresa Hearne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/16/2004

Date

813-909-7400

Daytime Phone #

CR2E081 (01/04)