

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AF
REINST
DOCUMENT # N96000004584
1. Corporation Name Independent Christian Academy
Private School System, Inc.

FILED

99 DEC -1 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

5000003014435--1
DIH 99 01041006 \$122.50

Principal Place of Business Mailing Address
705 Delespine Ave P.O. Box 4258
St. Aug, Fl. 32095 ST. AUG, FL.
32085

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		52-2190895	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Director	Phyllis Sanzone	705 Delespine Ave	ST. AUG. FL. 32095
Principal	Catherine Harper	199 owl creek RD.	ST. AUG. FL. 32092
Treasurer	Joyce Little	Box 860351 STRKEROC	St. AUG FL. 32086
		Business Address	000003071830--8 -12/15/99--01104--001 ****122.50 ****122.50
		For All is	LS
		705 Delespine Ave	ST. AUG. FL. 32095

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Virginia Kennedy 630 Sergiovia Rd. St. Aug, Fl.	Phyllis Sanzone Street Address (P.O. Box Number is Not Acceptable) 705 Delespine Ave Suite, Apt. #, Etc. City ST. AUG State FL Zip Code 32095

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.

Signature of Registered Agent: Phyllis E. Sanzone
Date: 11-13-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Phyllis E. Sanzone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-13-99
Daytime Phone #: 904-810-2472

CR2E081 (12/98)