

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004982

1. Corporation Name

FAMILY CHRISTIAN ACADEMY, INCORPORATED

**REINSTATEMENT 98-03**

900015315829

04/04/03--01041---019 \*\*554.25

2. Principal Office Address

14635 GREATER PINES BLVD. P.O. BOX 789

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL 34711

City & State

PLEASANT VIEW, TN

Zip

34711

Country

USA

Zip

37146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-24-96

5. FEI Number

62-1469719

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

BELINDA SCARLATA

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

14635 GREATER PINES BLVD.

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

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

Belinda Scarlata

REGISTERED AGENT MUST SIGN

Date

3/26/03

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
<u>P-D</u>	<u>RON SCARLATA - Director</u>	<u>487 MYATT DR</u>	<u>MADISON, TN 37115</u>
<u>V-D</u>	<u>THOR CARDEN - Director</u>	<u>487 MYATT DR</u>	<u>MADISON, TN 37115</u>
<u>S-D</u>	<u>BELINDA SCARLATA - Director</u>	<u>14635 GREATER PINES BLVD</u>	<u>CLERMONT, FL 34711</u>

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:

RON SCARLATA

3-26-03

615-746-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 4/16