

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # N97000001974

1. Corporation Name

CHARTER SCHOOL OF TAMPA BAY ACADEMY, INC.

Principal Place of Business

12012 BOYETTE ROAD
RIVERVIEW FL 33569

Mailing Address

12012 BOYETTE ROAD
RIVERVIEW FL 33569

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1997

5. FEI Number

59-3444151

Applied For

Not Applicable

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
DP	HOEFLE, EDWARD C	12012 BOYETTE ROAD	RIVERVIEW FL 33569
D	CROSS, SANDRA	12012 BOYETTE ROAD	RIVERVIEW FL 33569
D	ANDREWS, ARNOLD	12012 BOYETTE ROAD	RIVERVIEW FL 33569
D	LUCCASEN, RAY	12012 BOYETTE RD	RIVERVIEW FL 33569
DST	NUNN, MACK	12012 BOYETTE RD	RIVERVIEW FL 33569
2000008598662 10/25/02--01100--001 **70.00			

8. Name and Address of Current Registered Agent

HOEFLE, EDWARD C
8912 EAGLE WATCH DRIVE
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date 10/22/02

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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward C. Hoefle 10/22/02 813/677-6700

Date

Daytime Phone #

CR2E040 (8/02)

EDUCATIONAL
SERVICES FOR
CHILDREN &
ADOLESCENTS

Charter School of Tampa Bay Academy



Charter School of
Tampa Bay Academy, Inc.
12012 Boyette Road
Riverview, Florida 33569

October 22, 2002

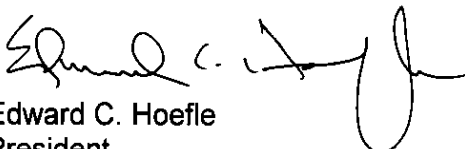
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am requesting a waiver of the reinstatement fee for our corporation based on the fact that we did not receive the two prior uniform business report (UBR) notices. We file timely every year as evidenced by the copies I have attached to this fee waiver request. We would not have any reason not to file timely every year except if we do not receive the UBR.

Enclosed please find the Application for Reinstatement and our check in the amount of \$70.00. Please forward the Certificate of Status at your convenience.

Sincerely


Edward C. Hoefle
President

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