PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

Audit No. (((H00000055197 8)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002295**

1. Corporation Name

MILESTONES COMMUNITY SCHOOL, INC.

Principal Place of Business	Mailing Address
1992 LEWIS TURNEL BLVD STE C FT WALTON BCH FL 32547	461 WILLOW TREE DRIVE MELBOURNE FL 32940

REINSTATEMENT 00

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
4400 S. Dixie Hgwy	4400 S. Dixie Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay, FL	City & State: Palm Bay, FL
Zip: 32905 Country: USA	Zip: 32905 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida: 04/23/1997

5. FEI Number: NOT APPLICABLE ☐ 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
~~D~~	~~LYONS, MICHAEL~~	~~291 PLANTATION CLUB DRIVE, #506~~	~~MELBOURNE FL 32940~~
~~D~~	~~WHITE, JERRY~~	~~461 WILLOW TREE DRIVE~~	~~MELBOURNE FL 32940~~
~~D~~	~~WITFWER, FRANK DR~~	~~461 WILLOW TREE DRIVE~~	~~MELBOURNE FL 32940~~
D	Lyons, Michael	4400 S. Dixie Highway	Palm Bay, FL 32905
D	Carper, Kim	4400 S. Dixie Highway	Palm Bay, FL 32905
D	Carper, Brett	4400 S. Dixie Highway	Palm Bay, FL 32905

8. Name and Address of Current Registered Agent

O'BRIEN, JAMES M ESQ.
1666 WEST HIBISCUS BLVD.
MELBOURNE FL 32901

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

CR2E040 (6/00)

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: X SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10/31/2000

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.

AD

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/19/2000 Daytime Phone #

Audit No. (((H00000055197 8)))

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMONIDIS, P.A
Account Number : 105204000476
Phone : (321)728-2800
Fax Number : (321)728-0002

CORPORATION REINSTATEMENT

MILESTONES COMMUNITY SCHOOL, INC.

Certificate of Status	0
Certified Copy	0
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