PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 10 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N97000002295

1. Corporation Name

MILESTONES COMMUNITY SCHOOL, INC.

REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
4400 S. Dixie Highway		100 Southeast 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite-2800	
City & State		City & State	
Palm Bay, Florida		Miami, Florida	
Zip	Country	Zip	Country
32905	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida 4/23/97

5. FEI Number ☐ 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
KTG&S Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast 2nd Street
Suite, Apt. #, Etc.
Suite 2800 LS
City | State | Zip Code
Miami | FL | 33131

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 Keith Blum Date 12/7/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
S/T/D	Robert Manly	201 1st Street, N.E.	Ft. Meade, FL 33841
V/D	Alex Fekete	10100 Pines Boulevard	Pembroke Pines, FL 33026
P/D	John Martin, M.D.	785 Crandon Blvd., #406	Key Biscayne, FL 33149

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: John Martin, MD President 11/29/01 305 444 5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #