PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CRICEAT REINSTALE | ION END | FLOPIDA DESARTMENT OF STA | ATE |
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FILED SECRETARY OF STATE EVISION OF COMPORATIONS

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| | <u> </u> |
|---------------|-------------|
| DOCUMENT # NS | 97000003823 |

1. Corporation Name

Community Christian Academy of Broward, Inc.

| 2. Principa 901 N | | ress Hiatus Road | 901 Nort | Address h Hiatus Road | 1 | |
|-----------------------------|-----------|---|-----------------------|---|---|-----------------------------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida | | |
| City & State Plant | | ı, Florida | City & State Plantati | on,-Florida | July 2, | 1997 Applied For— Not Applicable |
| Zip 3332 | 25 | Country Broward | ^{Zip} 33325 | Country Broward | 6. CERTIFICATE OF STATUS DESIRED S8.75 Addit for a Cert | |
| | | , | 7. Name | and Address of Current Regist | tered Agent | |
| | Street Ad | Robert F. Pa ddress (P.O. Box Number is 1 901 North Hi ot. #, Etc. | Not Acceptable) | | 000003400200 -09/21/0001024- ****183.75 **** | 0 0 3 |
| | City | Plantation | | | State Zip Code FL 33325 | |

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

REGISTERED AGENT MUST SIGN

Date 7/17/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit of porations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | |
|--------|--------------------------------------|---|---------------------|--|
|) | Robert F. Partridge 7 | 901 North Hiatus Road | Plantation, Florida | |
| | Frances L. Partridge 7 | , 901 North Hiatus Road | Plantation, Florida | |
| } | Luke R. Partridge D | 901 North Hiatus Road | Plantation, Florida | |
| | | | 1 halu | |
| | • | | Polled | |
| | • | | | |

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 filling 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 pame legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

July 17, 2000

954-916-4948

Daytime Phone #

0,07,1000

2082

COMMUNITY CHRISTIAN ACADEMY

901 N. Hiatus Road Plantation, FL 33325

> Telephone (954) 916-4948 Fax (954) 916-4946

September 10, 2000

Department of State Katherine Harris Secretary of State Division of Corporation P. O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Harris:

Re: ref. number N97000003823: and your letter dated July 31: we did not file a business report in 1998 due to the fact that our registered agent and Community Christian Academy changed mailing addresses and did not inform your office. The previous mailing address was 5722 S. Flamingo Road #239 Cooper City, Florida 33330.

The mailing address and physical address of Community Christian Academy is now and has been since August of 1997 the following: 901 North Hiatus Road, Plantation, Florida 33325.

Thank you again for your patience and help with this matter.

Respectfully,

Bob Partridge

Administrator/Owner