

EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB 27 AM 10:00

ORATION
STATEMENT



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

DOCUMENT #N98000000583

1. Corporation Name

Empowering Young Minds Academy, Inc.

2. Principal Office Address

2301 Park Avenue

3. Mailing Office Address

2301 Park Avenue

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

Suite 402

City & State

City & State

Orange Park, FL 32073

Orange Park, FL 32073

Zip

Country

32073

USA

Zip

Country

32073

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/98

5. FEI Number

59-3469667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen J. DuVal

200005080982-9

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

2301 Park Avenue, Suite 402

03/11/02 01063 014

****306.25 ****306.25

Suite, Apt. #, Etc.

City

Orange Park.

State

FL

Zip Code

32073

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

Date

2-1-02

REGISTERED AGENT MUST SIGN

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
DPTS	Barbara Funches	6125 Ardisia Road	Jacksonville, FL 32209
-D-	Gail Thomas	5745 Iris Boulevard	Jacksonville, FL 32209
D	Stephen J. DuVal	2301 Park Ave., #402	Orange Park, FL 32073
			AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. DuVal

Date

2-1-02

Daytime Phone #

(904) 269-1069

CR2E081 (9/00)