


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

02 FEB -7 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N980000006035**

1. Corporation Name

**Delray Beach Academy**

2. Principal Office Address

**1101 NW 2<sup>nd</sup> Street**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 3021**

Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

Zip

**33444**

Country

**USA**

City & State

**Delray Beach, FL**

Zip

**33444**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Oct. 1998**

5. FEI Number

**65-087-0880**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-02**

7. Name and Address of Current Registered Agent

Name

**Joe Green**

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

**1101 NW 2<sup>nd</sup> St.**

Suite, Apt. #, Etc.

**De**

City

**Delray Beach**

**300005065043--8**

**-03/07/02--01072--001**

**\*\*\*\*358.75 \*\*\*\*358.75**

State

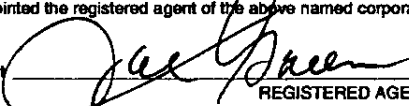
**FL**

Zip Code

**33444**

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 **1/30/02**

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
<sup>BoD</sup> Pres.	<b>Ann Green</b>	<b>1101 NW 2<sup>nd</sup> St</b>	<b>Delray Beach, FL 33444</b>
<sup>BoD</sup> P.R.	<b>Clay Wideman</b>	<b>404 W. Atlantic Ave.</b>	<b>Delray Beach, FL 33444</b>
<sup>BoD</sup> Tres.	<b>Sandra Ramsey</b>	<b>1114 Asbury Way</b>	<b>Boynton Beach, FL 33435</b>
<sup>BoD</sup> Sec.	<b>Lynda Hunter</b>	<b>3950 Sable Lakes Rd</b>	<b>Delray Beach, FL 33445</b>
<sup>Exec.</sup> Dir.	<b>Joe Green</b>	<b>1101 NW 2<sup>nd</sup> St.</b>	<b>Delray Beach, FL 33444</b>

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

**1/30/02**

Date

**561 278 3500**

Daytime Phone #

CR2E001 (8/01)