

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-07

CR2E081 (1/07)

DOCUMENT # N98000006394

1. Corporation Name

ACADEMY CHARTER SCHOOL OF FLORIDA INC

2. Principal Office Address - No P.O. Box #

11411 56 DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

5. FEI Number

65-0876779

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
MURRAY J COHEN P.A.

Street Address (P.O. Box Number is Not Acceptable)
10330 CAMELBACK LANE

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33498

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10/08/07

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
PRES	NINA KAUFMAN	1950 OAKMONT TERRACE	CORAL SPRINGS FL 33071
V/P	DAVID KAUFMAN	1950 OAKMONT TERRACE	CORAL SPRINGS FL 33071
DIR	MURRAY COHEN	10330 CAMELBACK LANE	BOCA RATON FL 33498

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10/11/07--01047--007 **245.00

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 contained in Chapter 119, 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

10/08/07

Date

561-482-8682

Daytime Phone #

10/12
aw