

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000006404

1. Entity Name
SAGO PALM EDUCATIONAL ACADEMY,
INCORPORATED



Principal Place of Business
3411 N. 29TH ST.
TAMPA, FL 33605

Mailing Address
3411 N. 29TH ST.
TAMPA, FL 33605

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-3541463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DERLYN
3411 N 29TH ST
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTS, DERLYN
STREET ADDRESS 3411 N. 29TH ST.
CITY-ST-ZIP TAMPA, FL 33605 ☐ Delete

TITLE VP
NAME GLOVER, LAWRENCE
STREET ADDRESS 1002 WEST BALL STREET
CITY-ST-ZIP PLANT CITY, FL 33563 ☐ Delete

TITLE ST
NAME MANUEL, LINDA
STREET ADDRESS 3411 N. 29TH ST.
CITY-ST-ZIP TAMPA, FL 33605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

500137683585
11/06/08--01002--008 **122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all powers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

Daytime Phone #

FILED

08 NOV -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

