

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 15 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006907

1. Corporation Name
LAKE WALES HIGH SCHOOL ACADEMIC
FOUNDATION, INC.

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

#1 HIGHLANDER WAY

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

USA

3. Mailing Office Address

P.O. BOX 931

Suite, Apt. #, etc.

City & State

LAKE WALES

Zip

33859

Country

USA

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-1998

5. FEI Number

59-3549882

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

CLARK BERRY

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

#1 HIGHLANDER WAY

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/13/08

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
P	Keri Hunt	1015 Sunset Dr.	Lake Wales, FL 33853
V	Martha Smith	Highland Park	Lake Wales, FL 33853
S	Jan Kahler	Campbell Ave	Lake Wales, FL 33853
T	Kelly Cernell	1 Highlander Way	Lake Wales, FL 33853
C	Dena Elmore	2008 Capps Rd	Lake Wales, FL 33853

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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] Keri Hunt

Date

2/12/08 8636781572

Daytime Phone #