

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 8:41

DOCUMENT # N98000007214

1. Corporation Name

CENTRAL CHARTER SCHOOL FOUNDATION, INC.

2. Principal Office Address

4525 N. State Road 7

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

3. Mailing Office Address

4525 N. State Road 7

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

REINSTATEMENT 01-022

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/98

5. FEI Number

X

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

Sidney C. Calloway, Esquire

000005194180--5

-04/05/02--01008--017

***306.25 ***306.25

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

200 East Broward Boulevard, Suite 2000

Suite, Apt. #, Etc.

2000

City

Fort Lauderdale

State

FL

Zip Code

33301

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

3/19/02

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
C/P	Art Kennedy	4525 N. State Road 7	Fort Lauderdale, FL 33319
D	Rosa J. Lawson	same	same
D/T	Charles West	same	same
D	Sidney Calloway	same	same
D	Sylvia Poitier	same	same
D	Rev. Anthony Burrell	same	same

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)(l), 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

[Signature] Sidney C. Calloway, Director 3/19/02

Date

(954) 524-1505

Daytime Phone #