

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR  
REINSTATEMENT



Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000230

1. Corporation Name

MARTHA MANSON ACADEMY PARENT ORGANIZATION, INC.

Principal Place of Business

7715 S.W. 14TH AVE.  
GAINESVILLE, FL 32607

Mailing Address

7715 S.W. 14TH AVE.  
GAINESVILLE FL 32607



11/05/02--01053--015 \*\*61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3564234

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PD</del> D	<del>HOUSTON, SHERRY</del> Jamie Grooms	<del>5011 NW 51ST PLACE</del> 6565 NW 81 <sup>st</sup> Blvd	<del>GAINESVILLE FL 32606</del> 32653
VD	GARCIA, LINDA Cathy Beauchamp	<del>8032 SW 45TH LANE</del> 9631 NW 110 <sup>th</sup> Cir.	<del>GAINESVILLE FL 32608</del> Chiefland, FL 32626
TD	HOLLOWAY, CARRIE Holloway, Carrie	9505 SW 50TH RD	GAINESVILLE FL 32608
SD CSD	RIDER, STACY Martha Osmon	<del>1604 NW 94TH ST.</del> 1503 NW 52 <sup>nd</sup> Terr.	<del>GAINESVILLE FL 32606</del> 32605
<del>CSD</del> PD	SCOTT, JENNIFER	BOX 140764	GAINESVILLE FL 32614
<del>D</del> SD	ELLIS, DENISE	3302 SW 93 WAY	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASTON, KATHY  
7715 S.W. 14TH AVE.  
GAINESVILLE FL 32607

Name  
Robert J. Beauchamp  
Street Address (P.O. Box Number is Not Acceptable)  
9631 N.W. 110<sup>th</sup> Circle  
Suite, Apt. #, Etc.

City  
CHIEFLAND FL - 32

State  
FL

Zip Code  
32644

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 (352) 493-7228  
Date Daytime Phone #

**Martha Manson Academy  
Parent Organization, Inc.  
7715 S.W. 14<sup>th</sup> Avenue  
Gainesville, FL 32607**

October 22, 2002


Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Director:

We are in receipt of your application for reinstatement for our corporation. As indicated in your instructions, the penalty portion of our reinstatement fee might be waived for reasonable cause.

As indicated on our application, our organization has had a significant change in officer and director leadership during the past 12 months. We have no record of receiving any of the prior notices regarding our annual report. We have enclosed our check in the amount of \$61.25 and have corrected our officer and director list, as required. We request that the reinstatement fee be waived for our organization for the reason stated above.

Sincerely,

  
Cathy Beauchamp  
Vice President

CB:hlh

Enclosures