

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000652**

1. Corporation Name

MAJESTY CHRISTIAN PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

% CLIFTON JOHN ABBOTT
11455 S. HWY 464
CANDLER FL 32111

P.O. BOX 473
CANDLER FL 32111

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

02/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3557390

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
DP	ABBOTT, CLIFTON J	11455 S. HWY 464	CANDLER FL 32111
DV	MASON, JOSEPH A	1917 SOUTH ST., APT. 4	LEESBURG FL 34478
DS	ABBOTT, LILLIAN	11455 S. HWY 464	CANDLER FL 32111

100024949601

11/24/03--01020--010 **236.25

Rules

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ABBOTT, CLIFTON J~~
11455 S. HWY 464
CANDLER FL 32111

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Clifton J. Abbott
REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

Lillian Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03 (352)680-1160
Daytime Phone #

CR2E040 (7/03)