

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 9:11

DOCUMENT # **N99000001902**

1. Corporation Name

**CYBER HIGH CHARTER SCHOOL, INC.**

Principal Place of Business

Mailing Address

2650 DANIELLE DR.

2650 DANIELLE DR.

OVIEDO FL 32765

OVIEDO FL 32765

new address  
1660 West Airport Blvd

Same as

Sanford FL 32773

Sanford FL 32773

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

Suite, Apt. #, etc.

1660 West Airport Blvd

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1999

5. FEI Number

59-3571946

Applied For

Not Applicable

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)<br>1 | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director<br>3 | City / State / Zip<br>4                     |
|---------------|--|---|---|
| D             | RACHMAN, LEONA                         | 2650 DANIELLE DR.                                   | OVIEDO FL 32765                             |
| D             | LERNER, ROBERT                         | 620 JASMINE RD.                                     | ALTAMONTE SPRINGS FL 32701<br><i>delete</i> |
| D             | HART, LINDA                            | 759 LAKE KATHRYN CIR                                | CASSELBERRY FL 32707                        |
| D             | WEST, RICHARD                          | 501 N. MAGNOLIA AVE., STE. A                        | ORLANDO FL 32801<br><i>delete</i>           |
| D             | EVANS, LESLIE                          | 5980 WESTGATE DR.                                   | ORLANDO FL 32835                            |
| D             | TALBERT, JAMES DR.                     | 445 N. WYMORE RD.                                   | WINTER PARK FL                              |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LERNER, ROBERT H

620 JASMINE RD

ALTAMONTE SPRINGS FL 32701

Leona Rachman  
2650 Danielle Dr  
OVIEDO, FL 32765

Name

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

Suite, Apt. #, Etc.

City

300003440463--3

-10/26/00-01057-013

\*\*\*236.25

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.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date 10/12/00

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

Leona Rachman

Date

Daytime Phone #

10/12/00 407 324-1212

AD11