## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISIONS

00 OCT 16 AM 9: 11

0012229

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9900001902

1. Corporation Name

CYBER HIGH CHARTER SCHOOL, INC.

## STATE OF THE PROPERTY OF A STATE OF THE PROPERTY OF A STATE OF THE PROPERTY	Principal Place of Business			Mailing Address						1980B (BUS BUSIN (SUC 1886	
If above address are incorrect in any way, fine shrough incorrect information and enter correction between the process are incorrect in any way, fine shrough incorrect information and enter correction between the process.  2. Now Principal Office Address, if Applicable  3. New Making Office Address, if Applicable  4. Pi p Ort State  5. FEI Number  6. FEI Number  5. FEI Number  5. FEI Number  5. FEI Number  6. FEI Number  5. FEI Number  5. FEI Number  6. FEI Number  5. FEI Number  5. FEI Number  5. FEI Number  6. FEI Number  6	2650-DANIELLE DR			-2650 DANIELLE*DR.							
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City & State  Country  Cou	1660				West Hirport 13114 To Do Busi			To Do Busin	iess in Florida 03/08/1999		
Zip   Country   Zip   Country   G. CERTIFICATE OF STATUS DESIRED   S9.75 Additional Pice required for a Cartificate of Status   System Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Title(s)	Suite, Apt. #	t, etc.		Solo-Arth				5. FEI Number	umber Applied For		
Country   Coun	City & State	<del>,</del>		City & State			-				
Title(s) 2 And Officer and/or Directors 3 Officer and/or Director 4 City / State / Zip  D RACHMAN, LEONA 2850 DANIELLE DR. OWEDO FL 32765  D LERNER, ROBERT 520 JASMINE RD. ALTAMONITE SPRINGS FL 32701  D HART, LINDA 759 LAKE KATHRYN CIR CASSELBERRY FL 32707  D WEST, RICHARD 501 N. MAGNOLIA AVE., STE. A ORLANDO FL 32835  D EVANS, LESLIE 5880 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 Name  LERNER, ROBERT N 2050 DOM: ell R Dr. Suita Apr. W. Ex. 300034 40453 - 3 10.726.700 - 10.957 - 10.3 10.757 - 10.757 -	Zip Country			Zip Country				56./5 Additional Fee required			
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8. Name and Address of Current Registered Agent  Name    Lend   Common   Co	D	EVANS, LESLIE				5980 WESTGATE DR.			ORLANDO FL 32835		
LERNER, ROBERT N  620 JASMINE RB  ALSO Danielle Dr.  ALTAMONTE SPRINGS FL 32701 OVI EDO, Fla 32765 Suite, Apt. #, Etc.  10. I, being appointed the registered agent of the above named combration, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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 filling 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 indipated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Opytime Phone #	D TALBERT, JAMES DR.				445 N. WYMORE RD.				WINTER PARK FL		
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	signature and typed or printed name of signing officer or director . Date Daytime Priorie #										