

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 20 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # N99000003070

1. Corporation Name

THE PAL ACADEMY CHARTER SCHOOLS OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

**202 13TH AVENUE EAST
BRADENTON FL 34208**

**202 13TH AVENUE EAST
BRADENTON FL 34208**



REINSTATEMENT

00

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

05/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3597540

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	PRESHA, WALTER	P.O. BOX 106	PARRISH FL 34219
VD	WITT, GENE	2302 8TH STREET W	PALMETTO FL 34221
D	MILLS, VIRGIL	3304 7TH ST CIR W	PALMETTO FL 34221
TD	ROBINSON, LAYON	442 OLD MAIN STREET	BRADENTON FL 34205
D	WELLS, CRAIG	P.O. BOX 921	BRADENTON FL 34206
D	MILLER, Joe	312 69TH ST NW	BRADENTON, FL 34209
D	WELLS, CHARLES	515 11TH STREET WEST	BRADENTON FL 34205

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROBINSON, LAYON
442 OLD MAIN STREET
BRADENTON FL 34205**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
600003458016--1	
Suite, Apt. #, Etc.	
-11/09/00--01016--015	
****236.25 ****236.25	
City	State Zip Code
	FL

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

Date **10/18/00**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

941-714-7260

Daytime Phone #

KE