

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 20 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000003738**

1. Corporation Name

ACADEMIC COMMUNICATIONS INC.

2. Principal Office Address - No P.O. Box #

1938 SW Libra Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 67

Suite, Apt. #, etc.

City & State

Port St Lucie FL

Zip

34984

Country

ST Lucie

City & State

Sellner FL

Zip

33583

Country

Hillsborough

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business In Florida

6-17-1999

5. FEI Number

90-0438690

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD BOLLES

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

5161 N.W. 87 AVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

Richard Bolles

Date

1/23/09

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jonathan David	4832 N SR7 #304	Coconut CK FL 33073
Secy	RICHARD BOLLES	5161 N.W. 87 AVE.	LAUDERHILL, FL 33351
V.P.	Tania M. Hyacinthe	1913 Raven Run Drive	Dover, FL 33527

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10. 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 contained in Chapter 119, 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:

Richard Bolles / RICHARD BOLLES

2/23/09

954-801-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #