

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000005704</b> 1. Entity Name <b>ACADEMY AT THE FARM, INC.</b>						<div style="text-align: center;">FILED</div> <div style="text-align: center;">06 OCT 23 AM 11:42</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>		
Principal Place of Business <b>9500 ALEX LANGE WAY DADE CITY, FL 33525</b>				Mailing Address <b>9500 ALEX LANGE WAY DADE CITY, FL 33525</b>				
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number <b>59-3638658</b>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
<b>DWYER, DANIEL L 14217 THIRD STREET DADE CITY, FL 33523-3828</b>				Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;"><b>300081119883</b></div> <div style="text-align: center;">10/23/06--01047--021 ***70.00</div> City <div style="text-align: center;"><b>FL</b></div> Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE				DATE <b>10/19/06</b>				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE				
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CB DIRECTOR WEST, VICKIE 14121 19TH COURT DADE CITY, FL 33525</b>			<input checked="" type="checkbox"/> Delete <b>CB ONLY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CB DWYER, DANIEL L. 14217 THIRD STREET DADE CITY, FL 33525</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VANDEBERG, TODD 5138 21ST STREET ZEPHYRHILLS, FL 33542</b>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ANDERSON, RICK P.O. BOX 277 DADE CITY, FL 33526</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LARKIN, SUZANNE 39651 LARKIN LAKE DRIVE DADE CITY, FL 39651</b>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JACK CRAWFORD 11904 WINDSORWOOD BLVD. DADE CITY, FL 33525</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TBD SMITH, LEX 36743 ROBERTS RD DADE CITY, FL 33525</b>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JOHN KINNERTY 36731 MISSOURI AVE DADE CITY, FL 33523</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"><b>10/10/06</b></div>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR KEITH GOCHENAUR 7718 RIATA PLACE</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR CORINNE VASQUEZ P.O. BOX 1031 SAN ANTONIO, FL 33576</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:				DATE <b>10-19-06</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #				