

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG -2 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

800 0000 78205

1. Corporation Name

Miss Peggy's School Inc.

2. Principal Office Address

2620 S. Conway Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 560598

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32812 Orange

Zip

32856 Orange

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/2000

5. FEI Number

59-3666-741

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

Peggy Avery

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

2620 S. Conway Rd

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32812

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Peggy Avery

REGISTERED AGENT MUST SIGN

Date

7/31/02

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
D	Peggy A. Avery	2620 S. Conway Rd	Orlando, FL, 32812
D	Mark G. Avery	2620 S. Conway Rd	Orlando, FL, 32812

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 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:

Mark G. Avery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

Date

Daytime Phone #

CR2E081 (9/01)

js 8/6/02