

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000027697

1. Corporation Name

ACADEMY HIGH SCHOOL INC

Principal Place of Business

648 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071

Mailing Address

P.O. BOX 880189  
BOCA RATON FL 33488

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

- Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

- Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/2001

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

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
P/T	KAUFMAN, NINA	2735 AVENUE AU SOLEIL	GULFSTREAM FL 33483
V/B	KAUFMAN, DAVID	2735 AVENUE AU SOLEIL	GULFSTREAM FL 33483

400023705484  
10/10/03--01028--017 \*\*175.00

8. Name and Address of Current Registered Agent

KAUFMAN, NINA  
2735 AVENUE AU SOLEIL  
GULFSTREAM FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Nina Kaufman*  
REGISTERED AGENT MUST SIGN

Date

10/08/03

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:

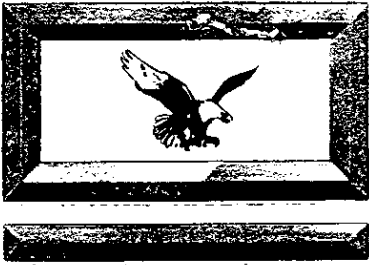
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*SIGN NINA KAUFMAN, PRES.*

Date

Daytime Phone #

561/479-3180

CF2E040 (7/03)



**ACADEMY HIGH SCHOOL**  
COLLEGE PREPARATORY · CAREER SCHOOL

PRESIDENT  
NINA KAUFMAN

P.O. BOX 290850  
FT. LAUDERDALE, FLA. 33329 U.S.A.

NORTH CAMPUS:  
CORAL SPRINGS, FL  
954/752-5038

SOUTH CAMPUS:  
DAVIE, FL  
954/434-2722

October 8, 2003

DEPT OF State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314

Dear Sirs:

This letter will attest to the fact that we have never received any notice regarding this particular corporation.

Please believe me as this is the exact name of our 4 schools and is critical to our business.

I am enclosing the regular fees as indicated in the recording. If it is any problem not anticipated by me, please contact me at any of the telephone numbers listed above.

We have a central office located in Boca Raton - perhaps this is where our problem involves:

*for mail* →  
CENTRAL OFFICE: ✓ ACADEMY HIGH SCHOOL  
CENTRAL OFFICE  
23123 State Road 7  
Suite 106  
Boca Raton, Florida 33428 561/479-3180

Thanking you for your attention to this matter, I appreciate any attention you are giving this situation.

  
Nina Kaufman  
President