

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000053280

1. Corporation Name

Virtue Academy, Inc.
W01000025248

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

116 East 2nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 81

Suite, Apt. #, etc.

City & State

Frostproof, FL

Zip

33843

Country

U.S.

City & State

Frostproof, FL

Zip

33843

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Debra E. Gravley

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

116 East 2nd Street

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

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

REGISTERED AGENT MUST SIGN

Date 5/15/07

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.	Gary L. Gravley	116 E. 2nd St.	Frostproof, FL 33843
V.P.	Debra E. Gravley	116 E. 2nd St	Frostproof, FL 33843
			1-800-10294886-1 05/12/07-01029-006 **750.00
			1-800-10294886-1 07/13/07-01017-006 **750.00
		REINSTATEMENT 02-07	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/07 863-635-2630
Date Daytime Phone #

REINSTATEMENT
02-07 JUL 18 2007