

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

02-07

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

Country

33843 U.S.

City & State

Frostproof, FL

Zip

Country

33843 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2001

5. FEI Number

59-3743713

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

Debra E. Gravley

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

11 East 2nd Street

Suite, Apt. #, Etc.

City

Frostproof

State

FL

Zip Code

33843

☐ 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 617.0503, F.S.

Signature of
Registered Agent

Debra E. Gravley

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	11 E. 2nd St.	Frostproof, FL 33843
V.P.	Debra E. Gravley	11 E. 2nd St	Frostproof, FL 33843

REINSTATEMENT 02-07

100102948661
05/12/07--01029--006 **750.00

100102948661
07/12/07--01017--006 **750.00

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

Debra E. Gravley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/07

Date

863-635-2630

Daytime Phone #

William JUL 18 2007