

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000087680

1. Corporation Name

Neal's Academy, Inc

2. Principal Office Address

1431 N.W. 31st Ave

Suite, Apt. #, etc.

# 7-9

City & State

Ft. Lauderdale, FL

Zip

33311

Country

3. Mailing Office Address

1431 N.W. 31st Ave

Suite, Apt. #, etc.

# 7-9

City & State

Ft. Lauderdale, FL

Zip

33311

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

9/6/2001

5. FEI Number

65-1136954

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

Stacie Neal

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

1431 N.W. 31st Ave # 7-9

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Stacie Neal

REGISTERED AGENT MUST SIGN

Date

2/25/04

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
DP	Neal, Stacie	1431 N.W. 31st Ave # 7-9	Ft. Lauderdale, FL 33311

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)(f), 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:

Stacie Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

954-709-4534

Daytime Phone #

CR2001 (01/04)