

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG -1 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092640

1. Corporation Name

The O'Halloran Academy, Inc.

500022352375  
08/15/03--01057--031 \*\*900.00

**REINSTATEMENT**

02-03

2. Principal Office Address

1630 Sandalwood Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32246

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 21, 2001

5. FEI Number

59-3750460

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

Tanya Hartley

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

1630 Sandalwood Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

*Tanya Hartley*  
REGISTERED AGENT MUST SIGN

Date 7/30/03

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, P	Tanya Hartley	1630 Sandalwood Blvd.	Jacksonville, FL 32246

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

*Tanya Hartley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

(904) 642-2229

Daytime Phone #

CR2E081 (10/02)