

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 JUN 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$ 300.00

DOCUMENT # **P01000096147**

1. Corporation Name

MCINTOSH ACADEMY, INC.

Principal Place of Business

Mailing Address

1340 NW 51 TERRACE
MIAMI FL 33142

1340 NW 51 TERRACE
MIAMI FL 33142

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

65-1121096

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CUFF, PAMELA M	1340 NW 51 TERRACE	MIAMI FL 33142
			500038280975 06/25/04-01039-001 **308.75
			06/25/04-01039-001 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUFF, PAMELA M
1340 NW 51 TERRACE
MIAMI FL 33142

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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)(l), 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

Date

Daytime Phone #

10/30/03 - 305 7593373

CR2E040 (7/03)

(4/25/04)

To: Whom It may concern I Pamela Duff
has been leasing here for a while
but the person who has been leaving
at this address before has be going
in the mail box and some mail
wasnt given to me or left in the
mail box. I never recived the Remstatment
mail untill two week ago not knowing
the importants of this matter I realized
this had to be taken care of today
so I enclosed a check for \$300.00
for my remstatment fee. and \$8.75

also can you please Rush me my
residant. as soon as possible

Thankyou
Pamela Duff
Director
owner