

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

68 DEC -5 AM 9:53

12/05/08 10:08

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REINSTATEMENT 06-08

DOCUMENT # P01000096147

1. Corporation Name

McIntosh Academy Inc

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

1340 N.W. 51 Terr.

3. Mailing Office Address

1340 N.W. 51 Terr..

Suite, Apt. #, etc.

N/a

Suite, Apt. #, etc.

N/A

City & State

Miami Florida

City & State

Miami Florida

Zip

33142

Country

Dade

Zip

33142

Country

dade

4. Date Incorporated or Qualified
To Do Business in Florida

October 1, 2001

5. FEI Number
651121096

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

Pamela McIntosh

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

8700 N.E. 10 Court

Suite, Apt. #, Etc.

n/a

City

Miami Florida

State

FL

Zip Code

33138

☒ 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

Pamela McIntosh

REGISTERED AGENT MUST SIGN

Date 12-03-08

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
director	Pamela McIntosh	8700 N.E. 10 Court	Miami Florida

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

Pamela McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-08

Date

305 759-3373

Daytime Phone #

12/8/08