

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P02000125932**

1. Corporation Name

**CHRISTIAN HOMESCHOOL CO-OP 1, INC.**

Principal Place of Business

Mailing Address

55 MCLEOD ST.  
MERRITT ISLAND FL 32953

55 MCLEOD ST.  
MERRITT ISLAND FL 32953

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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

35-2211332

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NICHILIO, LAURA	55 MCLEOD ST.	MERRITT ISLAND FL 32953
CFO	Kenneth Wilinski	55 McLeod St	Merritt Island FL 32953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHILIO, LAURA  
55 MCLEOD ST.  
MERRITT ISLAND FL 32953

Name

Lara Nichilo

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

55 McLeod St.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

CR2E040 (7/03)

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

*Lara Nichilo*

REGISTERED AGENT MUST SIGN

Date 10/13/03

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)(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:

*Lara Nichilo*

Lara Nichilo

10/13/03

Date

321-  
455-6383

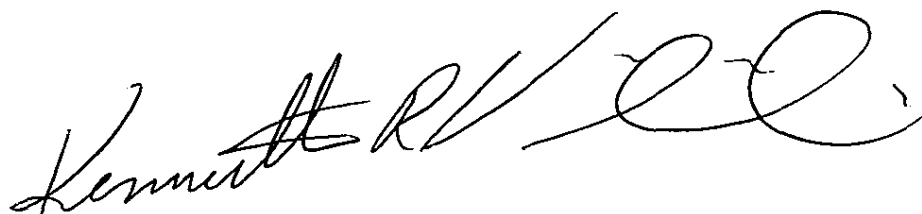
Daytime Phone #

272

10/13/2003

To whom it may concern,

Please accept this check and letter, in regards to re-incorporating Christian HomeSchool Co-op 1, Inc. We never received any kind of paperwork regarding reinstating the corporation. Had we received any, we would have complied fully. If there are any questions, Please feel free to call me @ 321-455-6383. My name is Kenneth Wilinski. Thank you for your consideration and cooperation in this matter.

A handwritten signature in cursive script, appearing to read "Kenneth Wilinski". The signature is fluid and stylized, with the first name "Kenneth" written in a larger, more prominent script than the last name "Wilinski".