

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 16 AM 11:26

CLERMONT COUNTY OF FLORIDA
CLANHAMSEE, FLORIDA

DOCUMENT # P03000136124

1. Corporation Name

Building Blocks Academy of
Okeechobee, Inc.

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

1811 S.W. 2nd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3939 North Ocean Dr.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Singer Island, FL

Zip

34972

Country

U.S.

Zip

33404

Country

U.S.

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

11/20/2003

5. FEI Number

90-0139927

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

Tammy Black

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

1811 S.W. 2nd Avenue

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

Tammy Black

REGISTERED AGENT MUST SIGN

Date 6/14/07

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
P,S,D	Tammy Black	7824 Pioneer Road	West Palm Beach, FL 33411
VP, T	Christopher Black	7824 Pioneer Road	West Palm Beach, FL 33411

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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:

Tammy Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/07

Date

561-881-0038

Daytime Phone #

7/16