

attachment 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 NOV -7 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800137855328
11/12/08--01044--011 **450.00

REINSTATEMENT 06-08^{KS}
CR2E081 (10/08)

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000086249**
1. Corporation Name
GREATER ACADEMY, INC.

2. Principal Office Address - No P.O. Box #
6427 N.W. 18 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
6427 N.W. 18 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33147 DADE

Zip Country
33147 DADE

4. Date Incorporated or Qualified To Do Business in Florida
6/15/2005

5. FEI Number ☒ 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
ANTHON WRIGHT

Street Address (P.O. Box Number is Not Acceptable)
6427 N.W. 18 AVE

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33147

☒ 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 **Antwon Wright** Date **11/3/2008**
REGISTERED AGENT MUST SIGN

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	ANTHON WRIGHT	6427 N.W. 18 AVE	MIAMI FL 33147
D	COLLOS COLEMAN SR	13615 JEFFERSON ST	MIAMI FL 33147

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: **Antwon Wright**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2008 (786) 413-7583
Date Daytime Phone #

TO WHOM IT MAY CONCERN

11/3/08

I DID NOT RECEIVE THE ANNUAL REPORT FOR GREATER ACADEMY INC WHICH IS LOCATED AT
6427 NW 18 AVE MIAMI FL 33147


ANTRON WRIGHT