

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000008419

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Entity Name:** COMPASS ROSE ACADEMY INCORPORATED

**Current Principal Place of Business:**

60 S. BLUE HERON ROAD  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

2060 SOUTH COUNTY HIGHWAY 83  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

60 S. BLUE HERON ROAD  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

2060 SOUTH COUNTY HIGHWAY 83  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 26-4146064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUSCARELLO, CHRISTINE  
60 S. BLUE HERON ROAD  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

BUSCARELLO, CHRISTINE  
2060 SOUTH COUNTY HIGHWAY 83  
SANTA ROSA BEACH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINE BUSCARELLO

10/14/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BUSCARELLO, CHRISTINE  
Address: 2060 SOUTH COUNTY HIGHWAY 83  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VSD  
Name: HARTLEY, SHERYL  
Address: 2060 SOUTH COUNTY HIGHWAY 83  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE BUSCARELLO

MS.

10/14/2014

Electronic Signature of Signing Officer or Director

Date