

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000041279

FILED  
May 19, 2014  
Secretary of State

**Entity Name:** ROSE'S ACADEMY AT PALM COAST, INC.

**Current Principal Place of Business:**

27908 BRISTOL BAY PLACE #201  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

91 LINDSAY DRIVE  
PALM COAST, FL 32137

**Current Mailing Address:**

27908 BRISTOL BAY PLACE #201  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

91 LINDSAY DRIVE  
PALM COAST, FL 32137

**FEI Number:** 27-0572326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SIMPSON, DEBRA  
27908 BRISTOL BAY PLACE #201  
WESLEY CHAPEL, FL 33544 US

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

SIMPSON, DEBRA  
91 LINDSAY DRIVE  
PALM COAST, FL 32137 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: DEBRA SIMPSON

05/19/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: BUTLER, DAMION  
Address: 5803 N RIVER OAKS  
City-St-Zip: TAMPA, FL

Title: MS  
Name: BUTLER, TONIA  
Address: 5803 N RIVER OAKS  
City-St-Zip: TAMPA, FL

Title: MS  
Name: RAWSON, LATONDA  
Address: 31051 TEMPLE ISLAND AVENUE  
City-St-Zip: WESLEY CHAPEL, FL 23543

Title: MR  
Name: ROWSON, KERRY  
Address: 31051 TEMPLE ISLAND AVENUE  
City-St-Zip: WESLEY CHAPEL, FL 23543

Title: MS  
Name: MOBLEY, JEANNETTE  
Address: 27750 COWDREY  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DEBRA SIMPSON

DR

05/19/2014

Electronic Signature of Signing Officer or Director

Date