


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED

192

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071325

1. Corporation Name **RONI'S CHRISTIAN ACADEMY, INC**
399 SW 14th Street
Deerfield Beach, FL 33441

06-06

2. Principal Office Address 399 SW 14th Street		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State FL 33441	
Zip 33441	Country BROWARD	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/3/1993	
5. FEI Number 65-0052685	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Veronica Hughes	
Street Address (P.O. Box Number is Not Acceptable) 399 SW 14th Street	
Suite, Apt. #, Etc.	
City Deerfield Beach	State FL
	Zip Code 33441

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 [Signature]	Date 8-18-06
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
Pres.	Veronica Hughes	399 SW 14th Street	Deerfield Beach, FL 33441

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: [Signature]	Date 8-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

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August 18, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please accept this application for reinstatement for my corporation. I did not receive any 2004 notice of any filing fees that were due and had no idea that the corporation had been dissolved. Please abate any penalties that may apply.

Sincerely,


Veronica Hughes
President, Roni's Christian Academy Inc
doc # P93008071325