

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000047969**

1. Corporation Name

PRIVATE SCHOOLS ASSOCIATION, INC.

Principal Place of Business

101 SOUTHALL LANE, SUITE 400
MAITLAND FL 32751

Mailing Address

101 SOUTHALL LANE, SUITE 400
MAITLAND FL 32751



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1985	
City & State		City & State		5. FEI Number	
Zip		Country		59-3321315	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	JOHNS, DAVID L	101 SOUTHALL LANE, SUITE 400	MAITLAND FL 32751
VSD	WEISFUSS, JULIE L	101 SOUTHALL LANE, SUITE 400	MAITLAND FL 32751

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****383.75 ****383.75

REINSTATEMENT 1996
A. Alan
11-26-96

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRID
343 ALMERA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **JOHNS DAVID L**
Street Address (P.O. Box Number is Not Acceptable)
4270 ALMA AVE STE 124-44C
Suite, Apt. #, Etc.
City **WINTER PARK** State **FL** Zip Code **32792**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-26-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

DAVID L JOHNS 11-26-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

800 940 0939