

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 27 AM 8:35

DOCUMENT # **P96000016658**

1. Corporation Name

RIVER CITY ACADEMY, INC.

Principal Place of Business

3560 MARBON RD
JACKSONVILLE FL 32223
US

Mailing Address

3560 MARBON ROAD
JACKSONVILLE FL 32223
US

W0400038512



03-04

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

02/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3366330

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARROYO, DAWN	484 N. BRIDGESTONE AVE	JACKSONVILLE FL 32259
VP	ARROYO, STEPHEN	484 N. BRIDGESTONE AVE	JACKSONVILLE FL 32259

400041914624

10/18/04--01004--012 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARROYO, STEPHEN
484 N. BRIDGESTONE AVE
JACKSONVILLE FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Dawn Arroyo
REGISTERED AGENT MUST SIGN

Date

9/29/04
[Signature]

11. 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:

Dawn Arroyo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/04
904
2102-2406
12/20/04