

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000D09869**

1. Corporation Name

It's Academic, Inc.

2. Principal Office Address

11284 Pines Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4949 Johnstown Road

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip **33026**

Country

USA

City & State

New Albany, OH

Zip

43054

Country

USA

100025528741

12/16/03-01044-025 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/1997

5. FEI Number

59-2405896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary Ann Sanger

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

11284 Pines Blvd.

Suite, Apt. #, Etc.

City

Pembroke Pines,

State

FL

Zip Code

33026

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

X Mary Ann Sanger

REGISTERED AGENT MUST SIGN

Date

12/1/03

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
PSTD	Mary Ann Sanger	4949 Johnstown Road	New Albany, OH 43054
D	Josie Waller	11284 Pines Blvd.	Pembroke Pines, FL 33026

REINSTATEMENT 03

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 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:

X Mary Ann Sanger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

954-4729144

Daytime Phone #

CR2E081 (10/02)

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December 2, 2003

Florida Department of State
Tyrone Scott
Division of corporations
409 E Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

