

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 30 PM 1:55

DOCUMENT # P97000039451

1. Corporation Name

INTERNATIONAL ACADEMY (BRANDON), INC.

Principal Place of Business

820 BRYAN RD.  
BRANDON FL 33511

Mailing Address

2011 PINE LAKES DE  
TAMPA FL 33612  
US

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

Suite, Apt. #, etc.

2011 Pine Lake Drive

Suite, Apt. #, etc.

2011 Pine Lake Drive

City & State

Tampa FL

City & State

Tampa FL

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

REINSTATEMENT 00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1997

5. FEI Number

59-3445879

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BROMFIELD, GARRY	1225 NEWPORT AVE	LAKELAND FL 33801
P	BROMFIELD, MARINA	1225 NEWPORT AVE	LAKELAND FL 33801

8. Name and Address of Current Registered Agent

BROMFIELD, GARRY  
820 BRYAN RD.  
BRANDON FL 33511

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*G. Bromfield*  
REGISTERED AGENT MUST SIGN

Date 11/27/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 / 27 / 00 813-759-8185  
Date Daytime Phone #

CR2E040 (800)