

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000046748**

1. Corporation Name

**AMERICAN HERITAGE SCHOOL OF MIRAMAR, INC.**

Principal Place of Business

Mailing Address

~~1300 N.W. 167 STREET~~  
~~MIAMI FL 33169~~

~~1300 N.W. 167 STREET~~  
~~MIAMI FL 33169~~

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

2. New Principal Office Address, If Applicable  
**12200 West Broward Blvd.**

Suite, Apt. #, etc.

City & State

**Plantation, FL**

Zip

**33325**

Country

**USA**

3. New Mailing Office Address, If Applicable  
**same as #2**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/28/1998**

5. FEI Number

**Not Yet Applied For**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **TS**

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
<b>BXX</b>	<b>MORGAN, CHARLES O JR</b>	<b>1300 N.W. 167 STREET</b>	<b>MIAMI FL 33169</b>
<b>D</b>	<b>William R. Laurie</b>	<b>12200 West Broward Blvd.</b>	<b>Plantation, FL 33317</b>

**REINSTATEMENT** **99** **600003068506--3**  
**12/19/99-01198-005**  
**TS** **\*\*\*758.75** **\*\*\*\*758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MORGAN, CHARLES O JR**  
**1300 N.W. 167 STREET**  
**MIAMI FL 33169**

Name

**E. Scott Allsworth, Esq.**

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

**1177 S.E. 3rd Avenue**

Suite, Apt. #, Etc.

City

**Fort Lauderdale**

State

**FL**

Zip Code

**33316**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

**E. Scott Allsworth, Esq.**  
**REGISTERED AGENT MUST SIGN**

Date **11/9/99**

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

**William R. Laurie**

Date

**11/12/99**

Daytime Phone #

CO-250 (Rev. 9/98)