

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED

00 SEP 15 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ALPHA Omega Academy, Inc.

2. Principal Office Address

4845 SW 148 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33330

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/14/98

5. FEI Number

APPLIED FOR 8/1/2000

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

Ouellette, Nancy J.

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

4845 SW 148 AVE

Suite, Apt. #, Etc.

700003408587-1

-09/28/00-01089-012

\*\*\*\*150.00 \*\*\*\*150.00

City

DAVIE

State

FL

Zip Code

33330

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

Nancy J. Ouellette

REGISTERED AGENT MUST SIGN

Date September 8, 2000

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
Pres/ Sec	Nancy J. Ouellette	4845 SW 148 AVE	DAVIE FL 33330
			99-00482 TS 03/09/99 90103 013

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:

Nancy J. Ouellette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 8, 2000

Date

Daytime Phone #

252-1232

954-432

CR2E081 (9/99)

*Page 1 of 2*

Alpha Omega Academy, Inc.  
4845 SW 148 Ave  
Davie  
Florida  
33330

September 8, 2000

Department of State Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sirs,

Last year when I send in my renewal for this corporation (with my check for \$150!) I receive a notice from you stating my check and application was not received. I called and wrote but I never heard.

My accountant told me since I wasn't using that corporation to dissolve it.. However, I need it to run my schools.

Please reinstate my corporation and waive the late fees associated with same.

I am enclosing a check for \$150. for my corporation this year.

Thank you for your kind attention in this matter.

Sincerely,

*Nancy J. Ouellette*

Nancy J. Ouellette