

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 19 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 098000103518

1. Corporation Name

The Shakespeare School

2. Principal Office Address

4131-3 UNIV. Blvd. S.

Suite, Apt. #, etc.

City & State

JAX, FL.

Zip

32216

Country

DUVAL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1999

5. FEI Number

59-354-2885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200003768632--4

-02/26/01--01146--017

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Esmin Master

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

11437 Swordfish Dr.

Suite, Apt. #, Etc.

Jax, FL. 32216

City

Jax, FL.

State
FL

Zip Code

32216

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-1-01

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
CEO	TIFFANY HIGGS	704 Oaks Plantation Dr.	Jax, FL. 32211
			SP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01 (904) 448-1440

Date

Daytime Phone #

CR2E081 (9/99)

2012

Document Specialist

Letter Number: 500A00062808

2/1/01

Thank you for your exception
in the filing fee for last year.

This is because we did not
receive any notice in the mail.
Enclosed is payment for last
year 2000 \$150.00 and 2001 \$150.00

Sincerely

Ermin Master
Registered Agent.