

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16649

1. Corporation Name

CAMBRIDGE ACADEMY, INC.

Principal Place of Business

~~3300 S.W. 34 AVE~~
~~STE 102~~
~~OCALA FL 34474~~
~~US~~

Mailing Address

~~3300 S.W. 34 AVE~~
~~STE 102~~
~~OCALA FL 34474~~
~~US~~

If there is a change in the correct in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3300 S.W. 34 AVE~~
~~STE 102~~
~~OCALA FL 34474~~
~~US~~

3. New Mailing Office Address, If Applicable

~~3300 S.W. 34 AVE~~
~~STE 102~~
~~OCALA FL 34474~~
~~US~~

City & State

Ocala FL
Zip 34480

Country
MARION

City & State

Ocala FL
Zip 34480

Country
MARION

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1990

5. FEI Number

59-3078295

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CFOD	ISENHOUR, JAMES K	3300 S.W. 34TH AVE., STE. 102 3847 SE Lake Weir Rd	OCALA FL
CEOD	NAHAS, TANZEE	3300 S.W. 34TH AVE., STE. 102 3847 SE Lake Weir Rd	OCALA FL
			100002993291--9 -09/22/99--01026--007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

ISENHOUR JAMES K
~~3300 S.W. 34 AVE.~~
~~STE 102~~
OCALA FL 34476

9. Name and Address of New Registered Agent

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
3847 SE Lake Weir Rd
Suite, Apt. #, Etc.
City
Ocala FL 34480
State
FL
Zip Code
34480

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.

Signed and
Registered Agent
James K. Isenhour
REGISTERED AGENT MUST SIGN

Date 9-8-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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.

James K. Isenhour

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-99

352-901-3000