

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -2 AM 09:19

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # V28771
LIMESTONE PRIVATE SCHOOL, INC.
4336 Forest Hill Blvd.
#140
West Palm Beach, FL 33406

2. If Address in Block 1 is incorrect in any way, enter the correct address below: TALLAHASSEE, FLORIDA

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

6769 Church Street

City and State Zip Code

Jupiter, FL 33458

4. Date Incorporated or Qualified To Do Business in Florida

04/09/92

5. FEI Number

65-0682136

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for reinstatement

CERTIFICATE OF STATUS DESIRED

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
P	Sarria, Jorge	7556 Nemic Drive	West Palm Beach, FL 33406
			000002659390-5
			10/08/98 01075-319
			****375.00 ****375.00
			REINSTATEMENT 9/22/98
			10/16

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Sarria, Jorge
7556 Nemic Drive
West Palm Beach, FL 33406

9. If changed, new registered agent / office

Name

000002659390-5

Street Address (Do NOT Use P.O. Box Number)

****375.00 ****375.00

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL

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

Jorge Sarria

REGISTERED AGENT MUST SIGN

Date 9/22/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Jorge Sarria

Date 9-22-98

Daytime Phone # (561) 795-0007