

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: **WAS 800022152**  
 FEI Number Not Applicable:   
 6. **\$8.75 Additional Fee required for Certificate of Status**  
 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
			<b>REINSTATEMENT</b>
			9/22/98
			10/6

**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  
 Jorge Sarria

Date: 9-22-98

Daytime Phone #: (561) 795-0007