

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *96*  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 NOV 22 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **599492**

1. Corporation Name

**VANKARA; A LEARNING EXCHANGE, INC.**

Principal Place of Business

13331 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

Mailing Address

13331 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-1913118

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
VSD	TAYLOR, MYRA L	2131 NW 98TH ST	MIAMI FL
DP	TAYLOR, JOHN H	2131 NW 98TH ST	MIAMI FL

58882815305-7  
-11/26/96--01167-016  
\*\*\*\*383.75 \*\*\*\*388.75

REINSTATEMENT

*A. Allen*  
11-22-96

8. Name and Address of Current Registered Agent

MILLER, MILTON  
250 VALENCIA AVE.  
CORAL GABLES FL

9. Name and Address of New Registered Agent

Name ELYRA Y SMITH

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

330 SEAMAN AVENUE

Suite, Apt. #, Etc.

City OPA LOCKA

State FL

Zip Code 33054

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

*Elyra Y Smith*

REGISTERED AGENT MUST SIGN

Date 11-19-96

11. 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.)

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.

SIGNATURE:

*Elyra Y Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Taylor*  
Date 10-17-96 (502) 621-6571  
Daytime Phone #

CRS-240 (7/96)