

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 DEC -1 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001834**

1. Corporation Name

**CREATIVE LEARNING ACADEMY, INC.**

Principal Place of Business

**5741 S.W. 45TH TERRACE  
MIAMI FL 33155**

Mailing Address

**5741 S.W. 45TH TERRACE  
MIAMI FL 33155**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/13/1994**

5. FEI Number

**65-0506318**

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
PTD	VASSALLO, ANA	5741 S.W. 45TH TERRACE	MIAMI FL 33155
<del>VSD</del>	<del>RIVERA, BARBARA</del>	<del>3284 S.W. 23RD ST., #A</del>	<del>MIAMI FL 33145</del>
VSD	VASSALLO, VICTOR	5741 S.W. 45 TERR	MIAMI FL 33155
D	Lia Montiglio	631 W. Walnut Ave.	San Diego CA. 92103
			400002362934-4 -12/04/97-01068-016 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**LIPSON, SUAL B  
1515 UNIVERSITY DR.  
SUITE 222  
CORAL SPRINGS FL 33071**

9. Name and Address of New Registered Agent

Name **Ana Maria Vassallo**  
Street Address (P.O. Box Number is Not Acceptable)  
**5741 SW 45 Terr.**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33155**

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 **Ana Maria Vassallo**  
REGISTERED AGENT MUST SIGN

Date **11/24/97**

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.

SIGNATURE:

**Ana Maria Vassallo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/24/97 (305) 667-4597**  
Date Daytime Phone #

CR2E040 (8/97)