

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000004264

**Entity Name:** MATER LAKES ACADEMY PTSO CORP**Current Principal Place of Business:**17300 NW 87TH AVENUE  
PTSO  
MIAMI, FL 33015**Current Mailing Address:**7879 NW 170TH STREET  
MIAMI, FL 33015 US**FEI Number:** 80-0741101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRADY, JAY  
16391 STONEHAVEN RD  
MIAMI LAKES, FL 33014 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JAY BRADY

09/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	BRADY, JAY
Address	16391 STONEHAVEN RD
City-State-Zip:	MIAMI LAKES FL 33014

Title	VP
Name	IRIAS, SYLVIA
Address	8392 NW 143 RD STREET
City-State-Zip:	MIAMI LAKES FL 33016

Title	S
Name	PALOMINO, EVONNE
Address	9920 NW 180TH TERRACE
City-State-Zip:	MIAMI GARDENS FL 33055

Title	S
Name	BUSTAMANTE, MARIA
Address	8325 NW 186 STREET #303
City-State-Zip:	MIAMI FL 33015

Title	T
Name	ROMERO, WANDY
Address	7828 NW 194 TERRACE
City-State-Zip:	HIALEAH FL 33015

Title	SECRETARY
Name	BRADY, CAROLINE
Address	16391 STONEHAVEN ROAD
City-State-Zip:	MIAMI LAKES FL 33014

Title	SECRETARY
Name	SERRANO, SOLIDAD
Address	19642 NW 84 PLACE
City-State-Zip:	MIAMI FL 33015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAY BRADY

MR

09/07/2018

Electronic Signature of Signing Officer/Director Detail

Date