FILED

02 OCT 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

600008877806
11/07/02--01071--008 **300.00

DOCUMENT # H10483

1. Corporation Name THE ACADEMY AT DAVIE INC.

2. Principal Office Address	3. Mailing Office Address
4850 S. Pine Island Rd.	2735 AVE AU. SOLEIL
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State DAVIE FL.	City & State GULFSTREAM, FL
Zip 33328 Country BROWARD	Zip 33483 Country PALM BEACH COUNT.

4. Date Incorporated or Qualified To Do Business in Florida 7/2/1984

5. FEI Number 59-2503097 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NINA KAUFMAN

Street Address (P.O. Box Number is Not Acceptable): 2735 AVE AU. SOLEIL

Suite, Apt. #, Etc. —

City: GULFSTREAM State: FL Zip Code: 33483

8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Nina Kaufman Date: 10/29/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Nina Kaufman	2735 AVE. AU. SOLEIL	Gulfstream, FL 33483
VP/S	DAVID J. KAUFMAN	2735 Ave Au. Soleil	GulfStream, FL 33483

10. 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: Nina Kaufman Pres 10/29/02 954/614-4486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/30/02

ACADEMY HIGH SCHOOL

COLLEGE PREPARATORY - CAREER SCHOOL

PRESIDENT
NINA KAUFMAN

P.O. BOX 200850
FT. LAUDERDALE, FLA. 33329 U.S.A.

NORTH CAMPUS:
CORAL SPRINGS, FL.
954/752-5088

SOUTH CAMPUS:
DAVIE, FL.
954/434-2722

TO WHOM THIS MAY CONCERN:

RE: Reinstatement Fee
Corporation: The Academy at Davie, Inc.
(H10483)

This will verify that I have been advised by

The Dept. of Corporations - Reinstatement Dept
to send $300 Fee..... As she said the returns
were not received by us and that she has record
of the form being returned to the State as Undeliverable.

Thanking you for your prompt attention to our reinstatement

Sincerely

Nina Kaufman
President

We have changed the mailing address to my residence

2735 Avenue Au Soleil
Gulfstream, Florida 33483