

FILED

02 OCT 29 AM 9:17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H10483			
1. Corporation Name THE ACADEMY AT DAVIS INC.			
2. Principal Office Address 4850 S. Pine Island Rd.		3. Mailing Office Address 2735 AVE AU. SOLEIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIS FL.		City & State GULF STREAM, FL	
Zip 33328	Country BROWARD	Zip 33483	Country PALM BEACH COUNT.

600008877806

11/07/02--010715-008 **300.00

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)

Title	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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

954/614-4486

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.
954/758-5088

SOUTH CAMPUS:
DAVIE, FL.
954/494-2722

TO WHOM THIS MAY CONCERN:

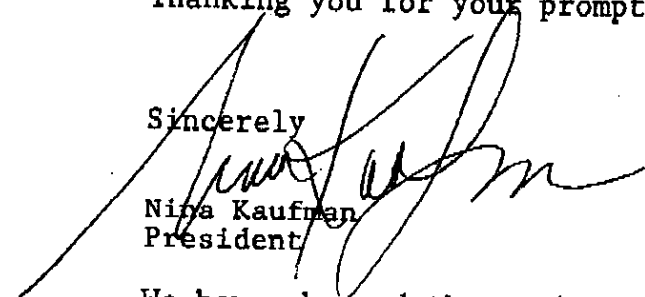
RE: Reinstatement Fee
Corporation: The Academy at Davie, Inc.
(H10483)

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