

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 29 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N000000004085**

1. Corporation Name

**Back on track Educational Format
10131 SW 154 Circle Ct #107
MIAMI FLORIDA 33196**

600005754396--3

-06/11/02--01102--009

****297.50 ****297.50

REINSTATEMENT 01-02

2. Principal Office Address

**Circle
10131 SW 154 Ct
Suite, Apt. #, etc.
107**

3. Mailing Office Address

**Circle
10131 SW 154 Ct
Suite, Apt. #, etc.
107**

City & State

MIAMI FL

City & State

MIAMI

Zip

33196

Country

FL

Zip

FL

Country

33196

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIRIAM E. GONZALEZ

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

**10131 SW 154 Circle Court
107**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

Miriam E. Gonzalez
REGISTERED AGENT MUST SIGN

Date **5/20/02**

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 |
|--------|--------------------------------------|---|--------------------|
| VD | Bobos, Norma | 10131 SW 154 Ct 107 | Mia FL 33196 |
| T | Morel, Angie | 10131 SW 154 Ct 107 | Mia FL 33196 |
| SD | Macio, Marisol | 10131 SW 154 Ct 107 | Mia FL 33196 |
| PTD | Gonzalez, Miriam | 10131 SW 154 Ct 107 | Mia FL 33196 |
| | | | |
| | | | |

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:

Miriam E. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02
Date

954-447-1313
Daytime Phone #

MIRIAM E GONZALEZ

CR2E081 (9/01)