

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV -8 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03000001793**

1. Corporation Name

MUSKATEER'S ACADEMY Inc.

2. Principal Office Address - No P.O. Box #

4461 PALM AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

City & State

HIKALEAH FL

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

34-1975817

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

CERMENO, JACQUELINE

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

141 W 62 ST

Suite, Apt. #, Etc.

City

HIKALEAH

State

FL

Zip Code

33012



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

11-01-2007

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
PD	CERMENO, ERICK	141 W 62 ST	HIKALEAH, FL 33012
D	CERMENO, JACQUELINE	141 W 62 ST	HIKALEAH, FL 33012

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE CERMENO

Date

Daytime Phone #

11/01/07 663-2452

786-

11/13/07

MUSKATEERS ACADEMY INC.

We did not

Receive any notice

Because we moved

Please waive the Reinstatement fee.

Thank you.

Lyubimiro (Lubimiro)