

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 OCT -8 AM 8:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000002152

1. Corporation Name

Somerset Virtual Academy, Inc.

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

6340 Sunset Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

3. Mailing Office Address

6340 Sunset Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/2003

5. FEI Number

650770346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

1.00252589051

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

Sue G. Knight

Assistant Vice President

Date **10-8-2013**

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
D	Luis Fuste	6340 Sunset Drive	Miami, FL 33143
D	Roberto Blanch	6340 Sunset Drive	Miami, FL 33143
D	Patricia Zapater	6340 Sunset Drive	Miami, FL 33143

10. E-mail Address: **cpapa@academica.org**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/13

305-689-2906

Date

Daytime Phone #

RE 10/9/13