## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEAS	DE DEAD
APPLICATION	
REINSTATEMENT	
DOCUMENT #	N0365

FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

NORTH DADE REGIONAL ACADEMY, INC.

Principal Place of Business

Mailing Address

20000 NW 47TH AVE., BLDG #60 MIAMI FL 33055-1543

1965 NE 125TH ST

STE 317 N MIAMI FL 3316L



FILED

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida P. O. BOX 552054 06/13/1984 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2368471 Not Applicable MIAMI, Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED. 33055 USA for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director D KEMP, NATALIE M 17800 NW 17TH AVE MIAMI FL 33056 D HUNTER, RUTH 2501 NW 119 ST #117 MIAMI FL 33169 KEMP, DAVID H 17800NW 17 AVE MIAMI FL 100008636951 10/28/02--01126--009 \*\*61,25 8. Name and Address of Current Registered Agent 9. Name d Address of New Registered Agent Name KEMP, NATALIE Street Address (P.O. Box Number is Not Acceptable) 20000 NW 47TH AAVE BLDG 60 Suite, Apt. #, Etc. **MIAM! FL 33055** State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

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 filling 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:

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

## North Dade Regional Academy, Inc.

20000 N.W. 47th AVENUE, BLDG. 60 MIAMI, FLORIDA 33055 (305) 626-6460 FAX: (305) 623-0706

October 24, 2002

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

Please find enclosed my application for my corporation reinstatement.

It was recently brought to my attention by my accountant that my annual corporation renewal was not received. Apparently it was forwarded to me, but was not received due to the difficulty I have in the mail sorting at the above address.

I have acquired a post office box, which has been noted on the application, and would greatly appreciate all my correspondence being send to this address.

Sincerely,

Natalie Kemp