

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 22 AM 11:26

DOCUMENT # N04000006052

1. Entity Name  
OXFORD ACADEMY OF MIAMI, INC.



Principal Place of Business  
10820 SW 113TH PLACE  
MIAMI, FL 33176

Mailing Address  
10820 SW 113TH PLACE  
MIAMI, FL 33176

500156950965  
06/09/09--01038--021 \*\*297.50



2. Principal Place of Business - No P.O. Box #  
10870 SW 113th Place

3. Mailing Address  
10870 SW 113th Place

05142009 REIN-NP CR2E099 (1/07)

City & State  
MIAMI, FL.

City & State  
MIAMI, FL.

4. FEI Number  
20-1883255

Applied For  
Not Applicable

Zip  
33176

Country

Zip  
33176

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMAROO, MAUREEN  
12990 N CALUSA CLUB DR  
MIAMI, FL 33186

Name  
GEORGE Wachwater FSO

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

13131 SW 132 ST. Suite 102

City  
MIAMI,

FL

Zip Code  
33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BYRD, NICOLE D	
STREET ADDRESS	675 SE 30TH DR	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VACCARD, URSULA	
STREET ADDRESS	10870 SW 113 PLACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, SHERRY	
STREET ADDRESS	PO BOX 562123	
CITY-ST-ZIP	MIAMI, FL 33256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRMAN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEDRO BERMUDEZ		
STREET ADDRESS	10870 SW 113 PL		
CITY-ST-ZIP	MIAMI, FL. 33176		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HENRY MARQUEZ		
STREET ADDRESS	10870 SW 113 PL		
CITY-ST-ZIP	MIAMI, FL. 33176		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEATHER ADAMS		
STREET ADDRESS	10870 SW 113 PL		
CITY-ST-ZIP	MIAMI, FL. 33176		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALBERT VABOR		
STREET ADDRESS	10870 SW 113 PL		
CITY-ST-ZIP	MIAMI, FL. 33176		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUIS CALDERON		
STREET ADDRESS	10870 SW 113 PL.		
CITY-ST-ZIP	MIAMI, FL. 33176		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 08-09<sup>KS</sup>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/04/09  
Date

(305) 598-4494  
Daytime Phone #