

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006987

FILED
Oct 23, 2005
Secretary of State

Entity Name: NORTH DADE ACADEMY, INC.

Current Principal Place of Business:

13850 NW 26TH AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13850 NW 26TH AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 01-0817993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CHERYL
13850 NW 26TH AVE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHERYL SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, CHERYL
Address: 13850 NW 26TH AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: V () Delete
Name: ROSALES, LUIS
Address: 13850 NW 26TH AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: ODOH, MCCHESTER
Address: 13850 NW 26TH AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: OBIESIE, EMMANUEL
Address: 13850 NW 26TH AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL SMITH

P

10/23/2005

Electronic Signature of Signing Officer or Director

Date