
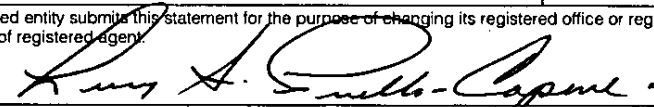
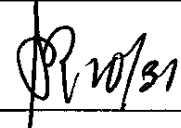



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000010228</b> 1. Entity Name <b>LICEO ENLACE MIAMI! CHARTER ACADEMY, INC.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>05 OCT 31 PM 5:14</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>P.O. BOX 971615</b> <b>MIAMI, FL 33197-1615</b>				Mailing Address <b>P.O. BOX 971615</b> <b>MIAMI, FL 33197-1615</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				10232005 REIN-NP CR2E099 (6/04)			
4. FEI Number <b>20-1871667</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BOYLES, WILLIAM A</b> <b>301 EAST PINE ST., STE. 1400</b> <b>ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Lucy Puella-Capone</b> Street Address (P.O. Box Number is Not Acceptable) <b>20120 Bel Aire Dr</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33189</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/23/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>ROIG, GUSTAVO DR.</b> <b>P.O. BOX 971615</b> <b>MIAMI, FL 331971615</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>PUELLO-CAPONE, LUCY</b> <b>P.O. BOX 971615</b> <b>MIAMI, FL 331971615</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300061035653</b> <b>10/31/05--01015--005 **236.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STEIN, JUDY DR.</b> <b>P.O. BOX 971615</b> <b>MIAMI, FL 331971615</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HUANG SU, HUI F DR.</b> <b>P.O. BOX 971615</b> <b>MIAMI, FL 331971615</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DELGADO, CARLOS</b> <b>220 ALHAMBRA CIRCLE, 9TH FLOOR</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YAEGER, IVAN</b> <b>1177 MARTIN LUTHER KING BLVD.</b> <b>MIAMI, FL 33150</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.							
<b>SIGNATURE: Lucy Puella-Capone</b>  <b>10/23/05</b> <b>(305) 213-7723</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							