

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 17 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12000000984

1. Corporation Name

iSuccess Academies of Southeast Florida, Inc.

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

7777 Davie Road Ext.

Suite, Apt. #, etc.

Suite 200B

City & State

Hollywood, FL

Zip

33024

Country

Broward

3. Mailing Office Address

7777 Davie Road Ext.

Suite, Apt. #, etc.

Suite 200B

City & State

Hollywood, FL

Zip

33024

Country

Broward

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2012

5. FEI Number

61-1674176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Renee Williams

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

22070 SW 89 Court

Suite, Apt. #, Etc.

City

Cutler Bay

State

FL

Zip Code

33190

600259167546
04/17/14--01020--005 **210.00

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

REGISTERED AGENT MUST SIGN

Date 04/11/2014

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
C	Joaquin Gonzalez	16572 SW 43 Lane	Miami, FL 33185
S	Kirk Nieveen	9878 Hammocks Blvd, Apt 103	Miami, FL 33196
T	Estuardo Zedan	10491 SW 139 Street	Miami, FL 33176
O	Alan Coheley	447 Highbrooke Blvd	Ocoee, FL 34761
			S. HAWKES
			APR 18 A.M.

10. E-mail Address: jfg@cornerstone-mg.com

(To be used for future annual report notification)

EXAMINER

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.817.155, F.S.

SIGNATURE:

Joaquin Gonzalez

04/11/2014

305-725-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #