

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB -4 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N33610

1. Corporation Name

SOUTH FLORIDA INTERNATIONAL ACADEMY, INC.

Principal Place of Business

Mailing Address

661 NE 125 ST.  
270 NE 200TH TER  
NORTH MIAMI FL 33161  
US

S.F.I.A.  
661 N.E. 125 STR.  
NORTH MIAMI FL 33161  
US

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

850 IVES DAIRY RD

270 NE 200 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

T51

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33179

Country US

Zip 33179

Country US



4. Date Incorporated or Qualified To Do Business in Florida

08/02/1989

5. FEI Number

65-0159772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOLASH, LISE M	270 NE 200 TERR.	MIAMI FL
VD	<del>RUTHENBERG, MARVIN</del> Richard OTIS	<del>9501 E BAY HARBOR DR APT 5A</del> 270 NE 200 Ter.	<del>BAY HARBOR ISLAND FL</del> MIAMI FL
AD	WEYCHERT, D	19650 RED MAPLE DRIVE	JUPITER FL
SD	<del>STANLEY, WALTER</del> Dane Melecsinski	8842 N CRESCENT DRIVE 515 NW 100 PL	MIRAMAR FL PEMBROKE PINES FL
TD	JENKINS, CARLETHA Rose ANN Kelly	25 NW 125 ST 17600 NW 5 ave apt 712	<del>NORTH</del> MIAMI FL

8. Name and Address of Current Registered Agent

HOLASH, L M  
270 NE 200 TER  
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
800003130908--3

Suite, Apt. #, Etc. -02/10/00--01036--012  
\*\*\*\*297.50 \*\*\*\*297.50

City \_\_\_\_\_ State FL 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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 1/18/2000

REGISTERED AGENT MUST SIGN

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., 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.

LISE M. HOLASH

SIGNATURE:

SIGNATURE REQUIRED

1/18/2000

Date

Daytime Phone #