

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
Suite, Apt. #, etc.
T51

270 NE 200 TER
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33179

Country US

Zip 33179

Country US

REINSTATEMENT 99-00

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HOLASH, LSE M	270 NE 200 TERR.	MIAMI FL
VD	RUTHENBERG, MARVIN Richard OTIS	9501 E BAY HARBOR DR APT 5A 270 NE 200 Ter.	BAY HARBOR ISLAND FL MIAMI FL
AD	WEYCHERT, D	19650 RED MAPLE DRIVE	JUPITER FL
SD	STANLEY, WALTER Dane Melecsinski	8812 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	NORTH MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

Zip Code

FL

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 #