PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 DEC -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001834**

1. Corporation Name

CREATIVE LEARNING ACADEMY, INC.

Principal Place of Business	Mailing Address
5741 S.W. 45TH TERRACE MIAMI FL 33155	5741 S.W. 45TH TERRACE MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/13/1994

5. FEI Number: 65-0506318 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	VASSALLO, ANA	5741 S.W. 45TH TERRACE	MIAMI FL 33155
~~VOD~~	~~RIVERA, BARBARA~~	~~2264 S.W. 23RD ST., #A~~	~~MIAMI FL 33145~~
VSD	VASSALLO, VICTOR	5741 S.W. 45 TERR	MIAMI FL 33155
D	Lia Martiglia	631 W. Walnut Ave.	San Diego CA. 92103
			400002362934--4 -12/04/97--01068--016 ****236.25 ****236.25
		$87 12/3	

8. Name and Address of Current Registered Agent

LIPSON, SUAL B
1515 UNIVERSITY DR.
SUITE 222
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name: Ana Maria Vassallo
Street Address (P.O. Box Number is Not Acceptable): 5741 SW 45 Ter.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33155

CR2E040 (8/97)

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: Ana Maria Vassallo — REGISTERED AGENT MUST SIGN — Date: 11/24/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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.

SIGNATURE: Ana Maria Vassallo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/24/97 Date — (305)667-4597 Daytime Phone #