

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC 23 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004471**

1. Corporation Name

SCHOOLS ARE FOR EVERYONE OF BROWARD COUNTY, INC

Principal Place of Business

1001 SOUTHWEST 112TH AVENUE
PEMBROKE PINES FL 33025

Mailing Address

1001 SOUTHWEST 112TH AVENUE
PEMBROKE PINES FL 33025



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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
D	ISAZA, DEBORAH S	1001 SOUTHWEST 112TH AVENUE	PEMBROKE PINES FL 33025
D	SHULMAN, FRANK	1271 S. CYPRESS ROAD	POMPANO BEACH FL 33060
D	APONTE, MILTON ESQ.	10800 LONDON STREET	COOPER CITY FL 33026
D	FRANK, BARBARA	9291 NORTHWEST 14 STREET	PEMBROKE PINES FL 33024
D	CANNON, PATRICIA	5821 SOUTHWEST 21ST ROAD	FORT LAUDERDALE FL 33308

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
DEBORAH ISAZA
Street Address (P.O. Box Number is Not Acceptable)
1001 SW 112 AVE.
Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33025

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

Deborah Isaiza
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-15-96**
800002036858-7
12/24/96-01076-013
*****236.25***236.25**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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:

Deborah Isaiza
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-96 954-436-3479