


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N97000002553
1. Corporation Name	SOMERSET ACADEMY, INC.

Principal Place of Business	Mailing Address
12425 SW 53RD ST MIRAMAR FL 33027	12425 SW 53RD ST MIRAMAR FL 33027

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
Suite, Apt. #, etc.	6255 Bird Road
City & State	Miami, FL
Zip	33155
Country	USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

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
PC	ZULUETA, FERNANDO	6255 BIRD RD.	MIAMI FL 33155
DT	CAREY, DONALD E	9090 GAROUSEL CIRCLE N	BOCA RATON FL 33434
D	Zulueta, Ignacio G.	6255 Bird Road	Miami, FL 33155
D	HUI FANG SO, ED.D, ANGIE	2150 ARECA PALM RD	BOCA RATON FL 33432
D	JACOBY, RUTH ED.D	9866 NW 19TH ST	CORAL SPRINGS FL 33071
D	DEUTSCH, PETER CONGRES	10100 PINES BLVD.	PEMBROKE PINES FL 33026
S	FRESEN, MAGDALENA	1412 EL RADO ST	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ZULUETA, IGNACIO 6255 BIRD RD. MIAMI FL 33155	Name: 300003454723--9 -11/07/00--01039--018 Street Address (P.O. Box Number is Not Acceptable): ***236.25 ***236.25 Suite, Apt. #, Etc.: 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	Date 10/17/00

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.

SIGNATURE:	SIGNATURE REQUIRED	Date 10/17/00	LS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #