

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000006617

**FILED**  
**Nov 20, 2014**  
**Secretary of State**

**Entity Name:** ZAMAR SCHOOL OF PERFORMING ARTS, INC.

**Current Principal Place of Business:**

501 N.W. 1ST AVENUE  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

712 N.W. 9TH COURT  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

PO BOX 3733  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** 65-0407038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, DEBORAH R DR  
712 NW 9 CT  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DEBORAH R. BROWN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BROWN, DEBORAH  
**Address:** 712 NW 9TH CT  
**City-St-Zip:** HALLANDALE, FL 33309

**Title:** D  
**Name:** MARAGH, RON  
**Address:** 5209 MADISON STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** TD  
**Name:** BROWN, JOSH  
**Address:** 657 NW 5TH CT  
**City-St-Zip:** HALLANDALE, FL 33309

**Title:** D  
**Name:** DANIELS, JOYCE  
**Address:** 2818 FUNSTON STREET  
**City-St-Zip:** HOLLYWOOD BEACH, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DEBORAH R. BROWN

PRES

11/20/2014

Electronic Signature of Signing Officer or Director

Date