

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006187

1. Corporation Name

VANKARA MILITARY ACADEMY CHARTER SCHOOL, INC.

Principal Place of Business

13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

Mailing Address

13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1999

5. FEI Number 38-3641830

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TAYLOR, REV JOHN H	330 SEAMAN AVE.	OPA LOCKA FL 33054
V	TAYLOR, MRS. MYRA L	330 SEAMAN AVE.	OPA LOCKA FL 33054
ST	SMITH, ELVIRA	13400 ALEXANDRIA DR	OPA LOCKA FL 33054
D	MCCALL, ANEUS L	1516 NE 152ND ST.	MIAMI FL 33179
D	PATTERSON, ELEASE F	1516 NE 152 ST	MIAMI FL 33162
D	SMITH, WILLIELYRA DR.	2131 NW 96 ST	MIAMI FL 33147

8. Name and Address of Current Registered Agent

SMITH, ELVIRA
13400 ALEXANDRIA DRIVE
OPA LOCKA FL 33054

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Elvira Smith

REGISTERED AGENT MUST SIGN

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-02/14/02--01068--015

Date *****24500118**2001.00

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:

Elvira Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 18 2001

Date

Daytime Phone #

305-681-6121

CR2E040 (8/01)

Charter Number Only

S/2102 Evelyn

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Vankara Military Academy Charter School, Inc.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
02 FEB - 8 AM 11:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier