

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006187

1. Corporation Name

VANKARA ACADEMY CHARTER SCHOOL, INC.

2. Principal Office Address

13400 Alexandria Drive

3. Mailing Office Address

13331 Alexandria Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

City & State

OPA LOCKA, FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/99

5. FEI Number

38-3641830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

ELVIRA SMITH

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

13331 ALEXANDRIA DRIVE

Suite, Apt. #, Etc.

City

OPA LOCKA

State
FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elvira Smith
REGISTERED AGENT MUST SIGN

Date

OCT 01 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	SMITH, M.D., WILLIELYRA	1425 N.W. 10 Avenue	Miami, FL 33136
V/D	EADDY, SHARON	3000 N.E. 151 Street	North Miami, FL 33123
S/T/D	PATTERSON, ELEASE	631 N.E. 5 Avenue - #14	Fr. Lauderdale, FL 33136

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10/22/04--01058--002 **306.25

10. 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:

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

Willielyra Smith, MD

OCT 01 2004

305-681-6121

Date

Daytime Phone #

CR2E061 (01/04)