

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000006187</b> 1. Entity Name <b>VANKARA ACADEMY CHARTER SCHOOL, INC.</b>	
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FILED  
06 APR 28 2006 3:19

Principal Place of Business <b>13400 ALEXANDRIA DRIVE OPA LOCKA, FL 33054</b>	Mailing Address <b>13331 ALEXANDRIA DRIVE OPA LOCKA, FL 33054</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04252006 REIN-NP CR2E099 (11/05)

4. FEI Number <b>38-3641830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SMITH, ELVIRA 13331 ALEXANDRIA DRIVE OPA LOCKA, FL 33054	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$297.50** **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, WILLIELYRA M.D.</b> <input type="checkbox"/> Delete <b>1425 N.W. 10TH AVENUE</b> <b>MIAMI, FL 33136</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">400074461944</div> <div style="text-align: center; font-size: 0.8em;">05/12/06--01005--019 **306.25</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>EADDY, SHARON</b> <b>3000 N.E. 151 STREET</b> <b>NORTH MIAMI, FL 33123</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input checked="" type="checkbox"/> Delete <b>PATTERSON, ELEASE</b> <b>631 N.E. 5 AVENUE, #14</b> <b>FT. LAUDERDALE, FL 33136</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STD</b> <b>MCCall, ANEUS</b> <b>2398 N.W. 119 St.</b> <b>Miami, FL 33148</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 1.5em; text-align: center;">75/3/04</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 1.5em; text-align: center;">STATEMENT 05-04</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elvira V. Smith - Elvira V. Smith 04/25/06-305-681-6121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #