

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006187

1. Entity Name
VANKARA ACADEMY CHARTER SCHOOL, INC.



06 APR 28 PM 3:19

Principal Place of Business
13400 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

Mailing Address
13331 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 REIN-NP CR2E099 (11/05)

4. FEI Number
38-3641830

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ELVIRA
13331 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

Name

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

City

FL

Zip Code

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 PD
NAME SMITH, WILLIELYRA M.D.
STREET ADDRESS 1425 N.W. 10TH AVENUE
CITY-ST-ZIP MIAMI, FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME EADDY, SHARON
STREET ADDRESS 3000 N.E. 151 STREET
CITY-ST-ZIP NORTH MIAMI, FL 33123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME PATTERSON, ELEASE
STREET ADDRESS 631 N.E. 5 AVENUE, #14
CITY-ST-ZIP FT. LAUDERDALE, FL 33136 ☒ Delete

TITLE STD
NAME McCall, ANEUS
STREET ADDRESS 2398 N.W. 119 St.
CITY-ST-ZIP Miami, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 #