

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 21 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084006

1. Corporation Name

Educarte Inc

2. Principal Office Address - No P.O. Box #

1063 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1063 SW 8 ST

Suite, Apt. #, etc.

REINSTATEMENT 06-07
CR2E081 (1/07)

City & State

MIAMI FL

City & State

MIAMI FL

Zip
33130

Country
USA

Zip
33130

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number

65-1050173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DELAYID DUVAN YEPES

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

1063 SW 8 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Delayid D. Yepes
REGISTERED AGENT MUST SIGN

Date 09/15/2007

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	DELAYID D. YEPES	1063 SW 8 ST	MIAMI FL 33130

100109757521
09/21/07--01024--008 **300.00

\$79/24

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 contained in Chapter 119, 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:

Delayid D. Yepes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/2007

Date

786-287-0560

Daytime Phone #