PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

, LENCE NEXT	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.	
CORPORATION	FLORIDA DEPARTMENT OF STATE	FLED	
REINSTATIMENT	Jim Smith	02 NOV 25 AH 10: 37	
UC US	Secretary of State Division of corporations	FIGURE NITIONS	
		P00000 104906	
DOCUMENT # Company	DADE		
Committee to	MAINTAIN QUALITY		
Education			
2. Principal Office Address	3. Mailing Office Address		
2665 S. Boushane Dr.	SAME		
Suite, Apt. #, etc.	Suite, Apt. #. etc.		
Suite 1200		4. Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State	5. FEI Number Applied For	
Zip _ Country	Zip Country	65-1067738 Not Applicable	
33/33 USA	- Commy	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status.	
	7. Name and Address of Current Register		
Name F 2 12	8 5 65 65		
Street Address (P.O. Box Number is N			
Suite, Apt. #, Etc.	Bayshone Dr.	IVE	
SUITE	1200		
City		State Zip Code FL 3 3 / 3 ?	
8. I, being appointed the registered gent of the abo	d corporation, am familiar with and accept the ob-	=======================================	
Signature of Registered Agent		Date 1/1-5-02	
	GISTERED AGENT MUST SIGN	Date // J O Z	
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	· City / State / Zip	
PaesiDent	ISSER SUITE 1200		
ERIC R. S	ISSER Suite 1200	FLORIDO 33/33	
10. I certify that I am an officer or divorce or the same	for or trustan empouvered to a sure of the		
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 accompany sign	the same leffect as if made under	oath.	
SIGNATURE: 11-5-02 305 9331			
SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Frome #			

y nhlor



Reinstatement Section
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Gentlemen:

Enclosed please find a reinstatement form for the corporation: West Dade Committee to Maintain Quality Education. This corporation was dissolved on October 4, 2002. The fee and forms were mailed to your office August 13, 2002. The tax I.D. number was issued to us on November 4, 2002 even though we had applied for it immediately after opening this corporation. We would like to reinstate this corporation as soon as possible. If you need additional information please contact me at (305) 285-9331.

Thanking you in advance for your cooperation with this matter.

Sincerely,

Executive Assistant

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTOWNT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	02 NOV 25 AM 10: 36 SECRETARY OF STATE 901		
DOCUMENT# 1. Corporation Name County & Education Com	OUTH QUALITY			
Education Com	mittet			
2. Principal Office Address 2665 S. BAYShore Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.			
S-/200 City & State	*City & State	4. Date Incorporated or Qualified 7-15-2000		
Minni FL Zip Country	Zip Country	5. FEI Number 5/-04249 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required		
33/33 02/9		for a Centricate of Status:		
Suite, Apt. #, Etc.	shore Dr.	ed Agent		
SUITE 12. City MIAMI, T	· C .	FL 33/33		
8. I, being appointed the registred agent of the above Signature of Registered Agent	ve named corporation, am familiar with and accept the of	Date		
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at le			
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	, City / State / Zip		
PRESIDENT ERIC R. SASSE	2663 S. BAYSH Suite 1200	FLORIDA 33/33		
		(14) ALEE_A		
		F. 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
this reinstatement application, the reason for diss- owed by the corporation have been paid and the	plution has been eliminated, the corporate name satisfies			
SIGNATURE: 10-3/-02 285-933/ SIGNATURE: Daylistic Priorie #				

g/12/2/02

October 31, 2002



Reinstatement Section
Depart of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Gentlemen:

Enclosed please find a reinstatement form for the corporation: Dade County South Quality Education Committee. This corporation was dissolved on October 4, 2002. The fee and forms were mailed to your office August 13, 2002. The tax I.D. number was issued to us on September 19, 2002 and was received by our office in October. We would like to reinstate this corporation as soon as possible. If you need additional information please contact me at (305) 285-9331.

Thanking you in advance for your cooperation with this matter.

Sincerely,

Chris Martinoz

Executive Assistant