


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 MAY 12 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000083182**

**1. Corporation Name**

**PITAGORAS MATH ACADEMY CORP**

**2. Principal Office Address**

**10384 WEST FLAGLER ST**

**3. Mailing Office Address**

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Miami**

**City & State**

**Florida**

**Zip**

**33174**

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**08/22/2001**

**5. FEI Number**

**651132272**

**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**

**Armando Arroyo**

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

**191 NW 112 Ave**

Suite, Apt. #, Etc.

**City**

**Miami**

**State**

**FL**

**Zip Code**

**33174**

200075271772  
05/25/06--01019--004 \*750.00

**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**

**Date**

**REGISTERED AGENT MUST SIGN**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Luis Lacayo	2010 SW 4 ST MIAMI FL	Miami Florida 33135
VP	Armando Arroyo	191 NW 112 Ave	Miami Florida 33174

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5/3/06

**Date**

305 227-2929

**Daytime Phone #**

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Monday, April 24, 2006

Florida Department of  
**Division of Corporations**  
Tallahassee Florida

Re: Reinstatement request  
PITAGORAS MATH ACADEMY CORP.  
FEI Number  
651132272  
Document Number  
P01000083182

Dear Sr.

The following is to request a waiver of late fee and penalties regarding the corporation that I own, due to illness I have to leave the country in and out for a few years and I was obligated to sublease the office since I had signed contract with the leasing company that I rented for.

The persons that were subleasing the office never make me reach the documentation to pay the annually fee of the above mentioned corporation, that's why I am asking you if to be possible to waive the late fee and take may payment of \$600.00 to reinstate my corporation

~~\$600~~  
\$750

Being accepted my requested I am inclosing a check payable to you department in the amount of \$600.00 to cover the annually fee of the previous year.

In advance I want to thank you in considering my request. I can be reach at 305 227-2928.

Sincerely

Armando Arroyo  
President

