

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001932

1. Corporation Name

TERESITA NURSING ASSISTANT ACADEMY, INC.

Principal Place of Business

Mailing Address

3501 WEST VINE STREET
SUITE 311
KISSIMMEE FL 34741

3501 WEST VINE STREET
SUITE 311
KISSIMMEE FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/04/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, YAMIRA	2405 E. SOUTH ST.	ORLANDO FL 32803
D	FERREIRA, MARIA DEL C	2405 E. SOUTH ST.	ORLANDO FL 32803

100023907961
10/17/03--01060--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, YAMIRA
2405 E. SOUTH ST.
ORLANDO FL 32803

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

Daytime Phone #

CR2E040 (7/03)

To Whom It May Concern:

REF. Document number: P02000001932

This letter is to certify that I did not receive the 2003 UBR Report, so I did'nt know I had to pay \$150.00 for this matter, and now I got to \$750.00 ON FEES. I CALLED TO LET YOU KNOW I WAS NOT AWARE OF THIS PAYMENT AND DID NOT RECEIVE ANYTHING ,AND YOU TOLD ME TO SEND THIS LETTER WITH A CHECK OF \$150.00.

Thank you very much for your comprehension of my case, I really appreciate it.

Sincerely,



Yamira Rodriguez
Director.-



TERESITA NURSING ASSISTANT ACADEMY, INC.

3501 West Vine Street, Suite 326, Kissimmee, FL 34741

Ph/Fax: 407-846-9700

E-mail: teresitanursingacademy@msn.com