

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000006314**

**1. Corporation Name**

PROFESSIONAL NURSING ACADEMY, INC.

**2. Principal Office Address**

1350 EAST VINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

**3. Mailing Office Address**

1350 EAST VINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

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

01/18/2002

**5. FEI Number**

03-0379965

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

CARLOS SANS

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

14316 COLONIAL GRAND BLVD

Suite, Apt. #, Etc.

APT. # 3109

City

ORLANDO

State

FL

Zip Code

34744

**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

REGISTERED AGENT MUST SIGN

Date 09/24/2003

**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	Julio Belen	605 Heraldo Ct.	Kissimmee, FL 34758
VP	Carlos Sans	14316 Colonial Grand Blvd Apt. 3109	Orlando, FL 32837
D	Omaira Rojas	14316 Colonial Grand Blvd Apt. 3109	Orlando, FL 32837

**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 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

09/24/2003 (407) 870-9423

Date

Daytime Phone #

CR2E081 (10/02)

2/1/25