## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	s	DEPARTMENT OF STATE ecretary of State		03 NOV -4 PM I2: SECRETARY OF STATALLAHASSEF FLORE	ATE	
DOCUMENT # P02000085705  1. Corporation Name  FUN TIME LEARNING ACADEMY, INC.					The state of the s		
	Il Office Address	(	3. Mailing Office Address		STATEMEN	03	
20121 SW 114TH PLACE  Builte, Apt. #, etc.			20121 SW 114TH PLACE Suite, Apt. #, etc.				
aulie, Agai, #	r, etc.	Suite, Apr. #,	0010, rpt. #, 610.		ated or Qualified = 08/07/20	102	
City & State		City & State	\ '		5. FEI Number Applied For		
MIAMI, FL		MIAMI,		06-1647076 Not Applicable		<del>     </del>	
<sup>Zip</sup> 33189	Country	33189	Country	6. CERTIFICATE OF		ditional Fee required ertificate of Status	
	7. Name and Address of Current Registered Agent						
	Name LUACES, MARIA						
i	Street Address (P.O. Box Number is Not Acceptable) 20121 SW 114TH PLACE 11/04/0301075002 **1.00						
-	Suite, Apt. #, Etc. '						
	Ch				State Zip Code		
	City MIAMI	<u> </u>			State Zip Code FL 33189		
8. I, being	appointed the registered agent of	the above named corpor	ration, am familiar with and accept the	obligations of section	607.0505 or 617.0503, F.S.	CR2E081 (10/02)	
Signature of Registered Agent Date 13/27/03						RZEO8	
		REGISTERED AG	ENT MUST SIGN				
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le.     Name of Street Address of Each							
Titles	Name of Officers and/or Directors		Officer and/or Director		City / State / Zi	Р	
PD-	LUACES, MARIA		20121 SW 114TH PLACE		MIAMI, FL 33189		
-	<del></del>						
1							
,					•		
this rein	nstatement application, the reason by the corporation have been paid-	n for dissolution has been <del>an</del> d the names of individe	npowered to execute this application as eliminated, the corporate name satisfi uals listed on this form do not qualify fo we the same legal effect as if made und	es the requirements of ir an exemption under	section 607.0401 or 617.0401, F	F.S., that all fees	
SIGNAT	TURE: SIGNATURE AND TYPE	D OR PRINTED NAME OF	LUACES, MARIA	10/27	Date Daytime P	51-7273 hone#	

## Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

October 27, 2003

Division of Corporations
Annual Reports/Reinstatements
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Fun Time Learning Academy, Inc. 06-16470706

Gentlemen,

Please find enclosed application for reinstatement for above corporation along with \$150 check payable to Department of State.

The above corporation was incorporated last year. The Uniform Business Report in question is the first return to be filed for this corporation.

The registered agent never received an original application to file at the beginning of the year at the mailing address on file.

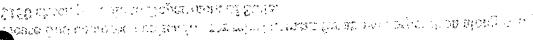
Please consider the above as reasonable cause and process this reinstatement application as submitted to you.

Respectfully,

Carlos B. Pargas, C.P.A.

**Enclosures** 

The above a literate is real frequencies its a grain the back of any success in specific



7700 N. Kendall Drive • Suite 515 • Miami, Florida 33156

Phone: (305) 273-0990 • Fax: (305) 273-5055 • Email: pargascpas@pargascpas.com
Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,
Florida Institute of Certified Public Accountants, American Institute of Certified Public Accountants

Tax Division and Personal Financial Planning Divison

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