

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -4 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085705

1. Corporation Name

FUN TIME LEARNING ACADEMY, INC.

2. Principal Office Address

20121 SW 114TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33189

Country

3. Mailing Office Address

20121 SW 114TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33189

Country

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

08/07/2002

5. FEI Number

06-1647076

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

LUACES, MARIA

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

20121 SW 114TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33189

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

[Signature of Maria Luaces]

REGISTERED AGENT MUST SIGN

Date

10/27/03

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
PD.	LUACES, MARIA	20121 SW 114TH PLACE	MIAMI, FL 33189

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 of Maria Luaces]

LUACES, MARIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03
Date

705-251-7273
Daytime Phone #

CR2E081 (10/02)

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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

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 Division

Visit us on the web: www.pargascpas.com

