PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 AUG - 1 AM 9: 43
DOCUMENT # 1. Corporation Name The Education Stati	on of Miami-Dale	SEGINETARY OF STATE TALLAHASSEE, FLORIDA
County INC. Do	cument# P02000124406	
2. Principal Office Address 3812 S. W. 149 PL Suite, Apl. #, etc.	3. Mailing Office Address 3812 S.W. 149 th PL. Suite, Apt. #, etc.	SIMSTATEMENT 03-05 4. Date Incorporated or Qualified
City & State Miami FL Zip Country	City & Strain Miami FL Zip Country	To Do Business in Floride 2 0 2 5. FEI Number Applied For Not Applicable
33175 Dade	33175 Dade	CERTIFICATE OF STATUS DESIRED TO 188 75 Additional Feet required for a Certificate of Status
Name Gregorio B. Rodriguez Street Address (P.O. Bow Number is Not Acceptable) P. P. Suite, Apr. 8, Etc. City Miali		
8. I, being appointed the registered agent of the above named corporation, am familifar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pagent Registered Agent Registered Regis		
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 for Director odrigues 38125.W. 1491	City / State / Zip
-D Gregorio E. Ro	odriguez Jule J. vol. 17	Miami, FC, 33175
	1878)	08/01/0501057016 **1050.00
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)(1), 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 cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #		