

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JUN 27 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000045793**

1. Corporation Name

United National Learning Academy, Inc.

2. Principal Office Address

2144 NW 72 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9870 N.W. 49 Terr

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Miami, Fla

Zip

33122

Country

Dade

Zip

33178

Country

Dade

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/1994

SP

5. FEI Number

65-0503981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alejandro M. Casanova

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

9870 N.W. 49 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

Alejandro M. Casanova

REGISTERED AGENT MUST SIGN

Date **6/20/2000**

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

Pres

Alejandro M. Casanova

9870 N.W. 49 Terr

Miami, Fla

Miami Fla, 33178

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******900.00 ****900.00**

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)(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:

Alejandro M. Casanova
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/2000
Date

(305)597-9945
Daytime Phone #

CR2E081 (9/99)