

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 750.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087357

1. Corporation Name

EDUCAMI, INC.

Principal Place of Business

Mailing Address

8216 WEST FLAGLER STREET
MIAMI, FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/95

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED []

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	CARLOS ALVAREZ	8214 WEST FLAGLER ST.	MIAMI, FL 33144
V	BEATRIZ ALVAREZ	8214 WEST FLAGLER ST.	MIAMI, FL 33144
T	CARLOS ALVAREZ	8214 WEST FLAGLER ST.	MIAMI, FL 33144
S	CARLOS ALVAREZ	8214 WEST FLAGLER ST.	MIAMI, FL 33144

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

CARLOS ALVAREZ
8216 WEST FLAGLER STREET
MIAMI, FL 33144

9. Name and Address of New Registered Agent

Name

MAYRALISA ARBELO

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

8214 WEST FLAGLER STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carlos Alvarez

REGISTERED AGENT MUST SIGN

Date November 25, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Carlos Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
(CARLOS ALVAREZ)

Nov-25-1997

Date

Daytime Phone #

(305) 321-0005

CR2E04C (12/95)