

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PM1000016843

1. Corporation Name

ACADEMY VENTURES CORP.

2. Principal Office Address - No P.O. Box #

565 EAST HILLSBORO Blvd

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

Broward

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PRINCIPAL OFFICE

Zip

ADDRESS

WAT-55550

FILED

07 NOV 16 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600111452286
10/29/07--01052--001 **\$300.00

REINSTATEMENT 05-07

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

2/21/97

5. FEI Number

650818717

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 BETTY MASI

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

565 EAST HILLSBORO Blvd.

Suite, Apt. #, Etc.

City DEERFIELD BEACH

State
FL

Zip Code
33441

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Betty M. Masi

REGISTERED AGENT MUST SIGN

Secretary / Treasurer

Date 10-24-07

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
<u>Pres.</u>	<u>Edward V. Masi</u>	<u>565 E. Hillsboro Blvd</u>	<u>Deerfield Beach, FL 33441</u>
<u>Secy</u>	<u>Betty M. Masi</u>	<u>565 E. Hillsboro Blvd.</u>	<u>Deerfield Beach, FL 33441</u>

400112633794
11/28/07--01007--003 **\$158.75

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 contained in Chapter 119, 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:

Betty M Masi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-07

Date

954 725 4330

Daytime Phone #