

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -4 PM 5:52	
DOCUMENT # P99000077153					
1. Corporation Name AMERICAN ACADEMY HIGH SCHOOL CORP.					
2. Principal Office Address # 3N FL 720 NW 27 AVE		3. Mailing Office Address 720 NW 27 AVE			
Suite, Apt. #, etc. MIAMI, FL (2ND FLOOR)		Suite, Apt. #, etc. 2ND FLOOR			
City & State MIAMI, FL 33125		City & State MIAMI, FL			
Zip 33125	Country USA	Zip 33125	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 8/30/99		5. FEI Number APPLIED FOR SEE ATTACHED			
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			

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-12/12/01--01086--019
****158.75 ****158.75

7. Name and Address of Current Registered Agent	
Name ANALADES A. VALLADARES	
Street Address (P.O. Box Number is Not Acceptable) 720 NW 27 AVE	
Suite, Apt. #, Etc. 2ND FLOOR	
City MIAMI, FL	State FL
Zip Code 33125	

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 <i>Angel Valladares</i>		Date 12/1/1	
REGISTERED AGENT MUST SIGN			
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
P/CEO, S/TVP	S.S. BARZAGA	720 NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
D	RODOLFO ALFONSO	720 NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
D	RICARDO ALFONSO	720 NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
D	COSME SOMOHANO	720 NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
D	A. VALLADARES	720, NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
D	Z. SCHOP	720, NW 27 AVE, MIAMI, FL 33125	MIAMI, FL 33125
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: <i>A. S. Barzaga</i>		Date 12/1/1 (305) 218-8738	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

PENDING # - APPLIED FOR

Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ▶ Keep a copy for your records.		EIN OMB No. 1545-0003	
Please type or print clearly.	1 Name of applicant (legal name) (see instructions) American Academy High School Corp		3 Executor, trustee, "care of" name S. S. Barzaga		
	2 Trade name of business (if different from name on line 1) same		5a Business address (if different from address on lines 4a and 4b) same		
	4a Mailing address (street address) (room, apt., or suite no.) 720 NW 27th Avenue, 2nd Floor		5b City, state, and ZIP code same		
	4b City, state, and ZIP code Miami, FL				
	6 County and state where principal business is located Miami-Dade County				
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ S. S. Barzaga 267-61-2701				
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.				
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input checked="" type="checkbox"/> Other corporation (specify) ▶ C _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal government/military _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country _____			
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ▶ School <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
10 Date business started or acquired (month, day, year) (see instructions) 01/17/99 8/30/99 SSB		11 Closing month of accounting year (see instructions) 12/31			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ March 2002					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶ 10		Nonagricultural Agricultural Household			
14 Principal activity (see instructions) ▶ School					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____					
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____					
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN _____					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Please type or print clearly.) ▶ S. Sin Barzaga, CEO + President		Business telephone number (include area code) (305) 218-8738 Fax telephone number (include area code) (305) 716-9208			
Signature ▶ <i>S. Sin Barzaga</i>		Date ▶ 11/24/11			
Note: Do not write below this line. For official use only.					
Please leave blank ▶		Reason for applying			