2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2006
Secretary of State

DOCUMENT# N02000006711

Entity Name: THE SOCIETY OF AFROCENTRIC SCHOLARS AND ARTISTS, INC.

Current Principal Place of Business:

3101 NW 166TH STREET
OPA LOCKA, FL 30054

New Principal Place of Business:

Current Mailing Address:

3101 NW 166TH STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 55-0795862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOOREHEAD, SHEILA L
3101 NW 166TH STREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHEILA MOOREHEAD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOOREHEAD, SHEILA L
Address: 3101 NW 166TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: DICKERSON, LARRY
Address: 3101 NW 166TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DICKSON, LARRY
Address: 3101 NW 166TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Change (X) Addition
Name: U-AHK, GODDESS QUEEN
Address: 3101 NW 166TH STREET
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA MOOREHEAD P 09/25/2006

Electronic Signature of Signing Officer or Director — Date