

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003092

FILED
Jan 30, 2009
Secretary of State

Entity Name: SOUTH FLORIDA LEADERSHIP SEMINAR, INC.

Current Principal Place of Business:

321 SW 65TH AVE
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

321 SW 65TH AVE
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 20-3941627 **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:

Name and Address of New Registered Agent:

SOUTH FLORIDA HOBY
321 SW 65TH AVE
PEMBROKE PINES, FL 33023 US

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: STEPHANIE A. JACKSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONROIG, JR., ISMAEL
Address: 321 SW 65TH AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ST () Delete
Name: MC DONOUGH, JOHN
Address: 2031 N. CONFERENCE DR
City-St-Zip: BOCA RATON, FL 33431

Title: M () Delete
Name: PHILLIPS, LON
Address: 2847 NW 34 ST
City-St-Zip: BOCA RATON, FL 33434

Title: M () Delete
Name: JACKSON, STEPHANIE
Address: 321 SW 65TH AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: M () Delete
Name: TOZZER, HAL
Address: 934 SW 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: M (X) Change () Addition
Name: EAKINS, STEPHANIE
Address: 7683 SANTEE TERRACE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE A. JACKSON

M

01/30/2009

Electronic Signature of Signing Officer or Director

Date