

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
May 11, 2009  
Secretary of State**

DOCUMENT# N05000007812

Entity Name: MISSION EDUCATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

4697 CANAL DRIVE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

6796 HATTERAS DRIVE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

4697 CANAL DRIVE  
LAKE WORTH, FL 33463

**New Mailing Address:**

6796 HATTERAS DRIVE  
LAKE WORTH, FL 33467

FEI Number: 76-0789910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

OLIVE, MICHAEL E PRES  
4697 CANAL DRIVE  
LAKE WORTH, FL 33463      US

**Name and Address of New Registered Agent:**

OLIVE, MICHAEL E PRES  
6796 HATTERAS DRIVE  
LAKE WORTH, FL 33467      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: MICHAEL E OLIVE

05/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLIVE, MICHAEL  
Address: 4697 CANAL DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: V ( ) Delete  
Name: TORTOLINI, CRISTINA  
Address: 21400 TUDOR DRIVE  
City-St-Zip: BOCA RATON, Q 33486

Title: S ( ) Delete  
Name: OLIVE, KELLY  
Address: 4697 CANAL DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: OLIVE, MICHAEL  
Address: 6796 HATTERAS DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

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

Title: S (X) Change ( ) Addition  
Name: OLIVE, KELLY  
Address: 6796 HATTERAS DRIVE  
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: MICHAEL E OLIVE

DR.

05/11/2009

Electronic Signature of Signing Officer or Director

Date