2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# N06000000140

Entity Name: PROJECT ASPIRATION A CLASS ACT LEARNING CENTER, INC.

Current Principal Place of Business:

6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0672583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PYFROM, ESTELLA M
6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 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: ESTELLA M. PYFROM

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PYFROM, ESTELLA
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP ( ) Delete
Name: PYFROM, WILLIE
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: S ( ) Delete
Name: PYFROM, MIA
Address: 118 SPARROW DRIVE, APT #2
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: T ( ) Delete
Name: ABRAMS, KAREN
Address: 6607 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PYFROM, ESTELLA M
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

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

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

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

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: ESTELLA M. PYFROM P 02/15/2008

Electronic Signature of Signing Officer or Director — Date