

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000057954

**FILED**  
**Nov 29, 2006**  
**Secretary of State**

**Entity Name:** HEALTH EDUCATION TRAINING SCHOOL, INC.

**Current Principal Place of Business:**

7823 NE 2ND AVENUE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

505 NE 125TH STREET  
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 73-1674640      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBIN, ERMANE G  
505 NE 125TH STREET  
MIAMI, FL 33161 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: ROBIN ERMANE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBIN, ERMANE G  
Address: 505 NE 125TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: EUGENE, OSNI  
Address: 505 NE 125TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: JOSEPH, MARC ANTOINE  
Address: 505 NE 125TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: DOLE, MARIE  
Address: 505 NE 125TH STREET  
City-St-Zip: MIAMI, FL 33161

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC ANTOINE JOSEPH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIRE

11/29/2006

\_\_\_\_\_  
Date