2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000004294

1. Entity Name
MULTI EDUCATIONAL CULTURAL CENTER OF THE ARTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC -2 PM 4:01

Principal Place of Business	Mailing Address
1610 N. HAYNES ST. PENSACOLA, FL 32503	1610 N. HAYNES ST. PENSACOLA, FL 32503

11242004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
	2180 Pleasant Hill Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A-5, PMB 197
City & State	City & State Duluth, GA
Zip / Country	Zip 30096
	Country United States Of America

4. FEI Number
59-3658065
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SABREE, RACHEL M 1610 N. HAYNES ST. PENSACOLA, FL 32503	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABREE, RACHEL M 1610 N. HAYNES ST. PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR SABREE, RACHEL M. 1610 N. HAYNES ST. PENSACOLA, FL 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, GARRY J 114 N. DEVILLIER ST. PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEPUTY DIRECTOR/PROJECT MANAGER MCKINNON, LEE O. 2180 PLEASANT HILL RD., STE A-5, 197 DULUTH, GA, 30096	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROPER, ANNIE M 1404 N. HAYNES ST. PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF CORRESPONDING OFFICER MANNING, YVONNE 959 CREST RIDGE DR. SW MARIETTA, GA 30060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JIMMIE S. HAYNES ST. PENSACOLA, FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500043303745 12/09/04--01053--006 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DIANE 204 EMERALD AVE. PENSACOLA, FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE SECRETARY JONES, DIANE 204 EMERALD AVE. PENSACOLA, FL 32505	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUHAMMAD, BILAL 901 MASSACHUSETTS AVE., LOT 26 PENSACOLA, FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ LEE O. MCKINNON DECEMBER 1, 2004 770-717-0472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #