

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003092

FILED  
Dec 15, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA LEADERSHIP SEMINAR, INC.

**Current Principal Place of Business:**

811 ALGERIA AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

700 NE 63 ST  
D-406  
MIAMI, FL 33138

**Current Mailing Address:**

811 ALGERIA AVENUE  
CORAL GABLES, FL 33134

**New Mailing Address:**

700 NE 63 ST  
D-406  
MIAMI, FL 33138

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

SOUTH FLORIDA HOBY  
811 ALGERIA AVE  
CORAL GABLES, FL 33134 US

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

SOUTH FLORIDA HOBY  
700 NE 63 ST  
D-406  
MIAMI, FL 33138 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: SOUTH FLORIDA HOBY ( ALEXANDER DIAZ)

12/15/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIAZ, ALEXANDER  
Address: 1257 SW 15 ST SUITE 205  
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete  
Name: MC DONOUGH, JOHN  
Address: 2020 CONFERENCE DRIVE  
City-St-Zip: BOCA RATON, FL 33486

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: 47 F SE 11 ST  
City-St-Zip: DANIA BEACH, FL 33004

Title: M ( ) Delete  
Name: TOZZER, HAL  
Address: 811 ALGERIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: M ( ) Delete  
Name: MONROIG, ISHMALE  
Address: 3265 NW 87TH AVE.  
City-St-Zip: MIAMI, FL 33172

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

Title: P (X) Change ( ) Addition  
Name: DIAZ, ALEXANDER  
Address: 700 NE 63 ST D-406  
City-St-Zip: MIAMI, FL 33138

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: ( ) 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 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 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: ALEXANDER DIAZ

P

12/15/2005

Electronic Signature of Signing Officer or Director

Date