

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004839

FILED  
Nov 03, 2008  
Secretary of State

**Entity Name:** FLORIDA DISTANCE LEARNING ASSOCIATION, INC.

**Current Principal Place of Business:**

EDUCATION TECH. SERVICES  
7720 W OAKLAND PARK BLVD  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

EDUCATION TECH. SERVICES  
7720 W OAKLAND PARK BLVD  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 65-1124214      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

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

POLANSKY, MITCHELL S ESQ.  
2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI, FL 33133      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: MITCHELL POLANSKY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LEVINE, JOEL S  
Address: 2010 NW 108 AVE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PED      ( ) Delete  
Name: SALAZAR, RAUL  
Address: 300 N.W. 70TH AVENUE, SUITE 305  
City-St-Zip: PLANTATION, FL 33317

Title: IPPD      ( ) Delete  
Name: JACKSON, WILLIAM  
Address: 519 CHATHAM CIRCLE  
City-St-Zip: NAPLES, FL 34110

Title: TD      ( ) Delete  
Name: DIAMOND, DARYL  
Address: 7720 W OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351

Title: D      ( ) Delete  
Name: AROME, GLADYS  
Address: 11300 N.E. 2ND AVENUE  
City-St-Zip: MIAMI, FL 33161

Title: D      ( ) Delete  
Name: SCHIFFER-SIMON, PHYLLIS  
Address: 6600 SW NOVA DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33317

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

Title: PD      (X) Change ( ) Addition  
Name: LEVINE, JOEL S  
Address: 47 GREENS ROAD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PED      (X) Change ( ) Addition  
Name: BURMEISTER, MARSHA  
Address: 300 N.W. 70TH AVENUE, SUITE 305  
City-St-Zip: PLANTATION, FL 33317

Title: IPPD      (X) Change ( ) Addition  
Name: MIZELL, AL  
Address: 4598 SUNRISE BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33027

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: JOEL LEVINE

PPRE

11/03/2008

Electronic Signature of Signing Officer or Director

Date