2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# N07000002052

Entity Name: ALTERNATIVE EDUCATORS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1736 N 16 CT
B
HOLLYWOOD, FL 33020

New Principal Place of Business:

1654 JACKSON ST
HOLLYWOOD, FL 33020

Current Mailing Address:

1736 N. 16 CT
B
HOLLYWOOD, FL 33020

New Mailing Address:

1654 JACKSON ST
HOLLYWOOD, FL 33020

FEI Number: 20-8554058 **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:

FILECCI, ANNETTE J
1736 N 16 CT
B
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

FILECCI, ANNETTE J
1654 JACKSON ST
HOLLYWOOD, FL 33020 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: ANNETTE FILECCI 09/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FILECCI, ANNETTE
Address: 1736 N 16 CT, SUITE B
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FILECCI, ANNETTE
Address: 1654 JACKSON ST
City-St-Zip: HOLLYWOOD, FL 33020

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: ANNETTE FILECCI P 09/30/2009
Electronic Signature of Signing Officer or Director — Date