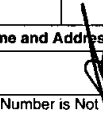
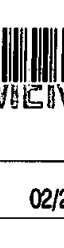


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APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC -5 PM 2:46																																	
DOCUMENT # 610936 1. Corporation Name EDUCATIONAL ADMINISTRATIVE MANAGEMENT CONSULTANT S, INC.		 REINSTATEMENT 01																																			
Principal Place of Business Mailing Address 454 S BEACH RD P O BOX 3947 HOBE SOUND FL 33455 BOYNTON BCH FL 33424 US US																																					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 02/23/1979 5. FEI Number 59-1885884 Applied For Not Applicable																																	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">2</th> <th style="width: 30%;">3</th> <th style="width: 35%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>MODICA, LOUIS</td> <td>EAST MAIN STREET 454 S BEACH RD</td> <td>BAY SHORE NY HOBE SOUND FL 33455</td> </tr> <tr> <td>V</td> <td>MODICA, MARION</td> <td>EAST MAIN STREET 4 LAKEVIEW AVE BRIGHTWATERS</td> <td>BAY SHORE NY BRIGHTWATERS NY</td> </tr> <tr> <td>T</td> <td>MODICA, LOUIS</td> <td>E MAIN ST 454 S BEACH RD</td> <td>BAYSHORE NY HOBE SOUND FL 33455</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	MODICA, LOUIS	EAST MAIN STREET 454 S BEACH RD	BAY SHORE NY HOBE SOUND FL 33455	V	MODICA, MARION	EAST MAIN STREET 4 LAKEVIEW AVE BRIGHTWATERS	BAY SHORE NY BRIGHTWATERS NY	T	MODICA, LOUIS	E MAIN ST 454 S BEACH RD	BAYSHORE NY HOBE SOUND FL 33455												
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8. Name and Address of Current Registered Agent MODICA, LOUIS J 454 S BEACH RD HOBE SOUND FL 33455		9. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code																																			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10/26/01																																					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.																																					
SIGNATURE:  LOUIS J. MODICA 10/26/01 516 790-3630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					