2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 18 PM 1:29

DOCUMENT # 610936

1. Entity Name
EDUCATIONAL ADMINISTRATIVE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4255 GULFSHORE BLVD N NAPLES, FL 34103 US	P O BOX 771480 NAPLES, FL 34107 US

08242009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
133 Ocean Avenue	133 Ocean Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bay Shore NY	City & State: Bay Shore NY
Zip: 11706 Country: USA	Zip: 11706 Country: USA

4. FEI Number: 59-1885884 ☐ 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
MODICA, LOUIS J 4255 GULFSHORE BLVD N. NAPLES, FL 34103	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MODICA, LOUIS P.O. BOX 771480 NAPLES, FL 34107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T Modica, Louis 4255 Gulf Shore Blvd North Apt 706 Naples FL 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MODICA, MARION 4 LAKEVIEW AIS BRIGHTWATER, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Modica, Marion 4255 Gulf Shore Blvd North Apt 706 Naples FL 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000160812420 09/18/09- -01032- -010 **308.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained 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 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 607, 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: L J Modica 9/15/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #