2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000001025

PERUSSE, SUSAN

2 PHEASANT HILL LANE

METHUEN, MA 01844

Name:

Address:

City-St-Zip:

FILED Oct 21, 2008 Secretary of State

Entity Name: PROFESSIONAL BARTENDERS SCHOOL OF NEW ENGLAND, INC. **Current Principal Place of Business: New Principal Place of Business:** 124 ROBIN ROAD 124 ROBIN ROAD ALTAMONTE SPRINGS, FL 32701 1400 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address: New Mailing Address:** 885 MAIN STREET 885 MAIN STREET TEWKSBURY, MA 01876 TEWKSBURY, MA 01876 FEI Number: 04-3173147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERUSSE, MICHAEL 124 ROBIN RD **SUITE 1400** ALTAMONTE SPRINGS, FL 32701 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: MICHAEL E PERUSSE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCVC () Delete () Change () Addition PERUSSE, MICHAEL E Name: Name: 2 PHEASANT HILL LANE Address: Address: City-St-Zip: METHUEN, MA 01844 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ROCHE, SEAN P Name: PERUSSE, MICHAEL E 1200 PACIFIC COAST HWY #217 2 PHEASANT HILL LANE Address: Address: HUNTING BEACH, CA 91047 METHUEN, MA 01876 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition TSD () Delete TSD

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PERUSSE, MICHAEL

2 PHEASANT HILL LANE

METHUEN, MA 01844

SIGNATURE: MICHAEL E PERUSSE PCVC 10/21/2008