2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 07, 2013
Secretary of State

DOCUMENT# F95851

Entity Name: MERLE J. KRAVETZ, EDUCATIONAL COUNSELOR, INC.

Current Principal Place of Business:

90 EDGEWATER DR, APT 624
CORAL GABLES, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

90 EDGEWATER DR, APT 624
CORAL GABLES, FL 33133 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRAVETZ, MERLE J.
90 EDGEWATER DR., APT 624
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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: MERLE J. KRAVETZ
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: KRAVETZ, MERLE J.
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: SD
Name: KRAVETZ, JEFFREY
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D
Name: KRAVETZ, BRIAN
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D
Name: KRAVETZ, SCOTT
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

Title: D
Name: KRAVETZ, MARK
Address: 90 EDGEWATER DRIVE APT. 624
City-St-Zip: CORAL GABLES, FL 33133 US

I hereby 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 all other like empowered.

SIGNATURE: MERLE J. KRAVETZ MS. 05/07/2013
Electronic Signature of Signing Officer or Director Date