
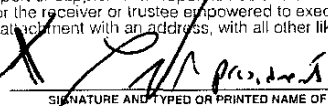


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F98000002511</b> 1. Entity Name <b>STUDENTS OF AMERICA, INC.</b>					
Principal Place of Business <b>1920 CORPORATE DR. BOYNTON BEACH, FL 33426</b>			Mailing Address <b>1920 CORPORATE DR. BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>22-3428463</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LEWIS, VICTOR 1920 CORPORATE DR. BOYNTON BEACH, FL 33426</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>		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	P VICTOR, LEWIS 1920 CORPORATE DR. BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date      Daytime Phone #					

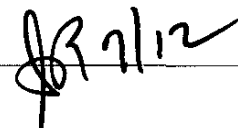
FILED  
05 JUL 12 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
07072005 REIN-R 062E098 06/04

04-05

06-30-05 01019 002 \$300.00  
10-22-04 01040 018 \$150.00





# Students of America, Inc.

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1920 Corporate Drive, Boynton Beach, FL 33426  
Office: 800/692-6920 Fax: 800/696-1601

July 7, 2005

Division of Corporations  
Mr. Sean Toner  
P.O. Box 6327  
Tallahassee, FL. 32314

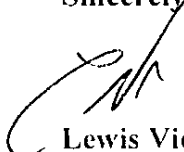
RE: Students of America, Inc.  
#F98000002511

Dear Mr. Toner:

At your direction, I am writing this letter to clear up the status of our corporation. Due to the affects of the hurricane, we were unable to timely file our annual report and fee for 2004. Currently, we have paid \$450 to the Division, and as we discussed, \$150 will be applied to our 2004 report, \$150 will be applied to our 2005 report and \$150 will be returned to us.

Thank you for your assistance in this matter.

Sincerely,



Lewis Victor  
President