

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K46573

1. Entity Name
STOCKBROKERS TRAINING SCHOOL, INC.



FILED

07 AUG 16 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2200 VETERANS BLVD.
SUITE 115
KENNER, LA 70062 US

Mailing Address
2200 VETERANS BLVD.
SUITE 115
KENNER, LA 70062 US

2. Principal Place of Business - No P.O. Box #
8814 Veterans Memorial Blvd.
Suite, Apt. #, etc. Suite 1-115

3. Mailing Address
10460 Roosevelt Blvd. North
Suite, Apt. #, etc. Suite 285

City & State
Metairie, Louisiana

City & State
St. Petersburg, Florida

Zip
70003-5264

Country

Zip
33716-3821

Country



REINSTATEMENT 06 07
08162007 CREINER CR2E098(11/07)

4. FEI Number 65-0145850

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DEWITT M
12640 SW 114TH AVENUE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name Allen E. Langdon, Ph.D.
Street Address (P.O. Box Number is Not Acceptable)
5059 Indian Mound Street
City Sarasota FL Zip Code 34232-2661

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 18, 2007

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

TITLE *	PSD	<input type="checkbox"/> Delete
NAME	MORADEL, ALBERTO R	
STREET ADDRESS	1721 MISSOURI AVE.	
CITY-ST-ZIP	KENNER, LA 70062	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORADEL, ANA	
STREET ADDRESS	1721 MISSOURI AVE.	
CITY-ST-ZIP	KENNER, LA 70062	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MORADEL, JACOB L	
STREET ADDRESS	8737 24TH ST.	
CITY-ST-ZIP	METAIRIE, LA 70003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, S, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moradel, Alberto R.	
STREET ADDRESS	1721 Missouri Avenue	
CITY-ST-ZIP	Kenner, LA 70062-6061	
TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moradel, Ana P.	
STREET ADDRESS	1721 Missouri Avenue	
CITY-ST-ZIP	Kenner, LA 70062-6061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] AS PRESIDENT

March 18, 2007

(504) 782-9796

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto R. Moradel, President