2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# N00000001440

Entity Name: NEHEMIAH EDUCATIONAL AND ECONOMIC DEVELOPMENT, INC.

Current Principal Place of Business:

989 W. KENNEDY BLVD.
103
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P O BOX 941803
MAITLAND, FL 327941803

New Mailing Address:

FEI Number: 59-3639185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNES, WILLIE C
7656 ST. STEPHENS COURT
ORLANDO, FL 32835 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: WILLIE C BARNES
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	DENNIS, HELEN	
Address:	3424 REGAL CREST	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	P	( ) Delete
Name:	BARNES, WILLIE C	
Address:	7656 ST STEPHENS COURT	
City-St-Zip:	ORLANDO, FL 32835	
Title:	D	( ) Delete
Name:	FRANCIS, GREGORIO	
Address:	20 N. ORANGE AVE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	T	( ) Delete
Name:	MITCHELL, PATRICIA	
Address:	1248 VALLEY CREEK RUN	
City-St-Zip:	WINTER PARK, FL 32793	
Title:	C	( ) Delete
Name:	HARRISON, ROD	
Address:	2100 WILLOW BRICK	
City-St-Zip:	WINDERMERE, FL 34786	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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

SIGNATURE: WILLE C BARNES MR 10/29/2009
Electronic Signature of Signing Officer or Director — Date