## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000003356

FILED Oct 26, 2007 Secretary of State

Entity Nan	ne: C2T2 EDUCATIONAL SYSTEMS, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
1703 W. COLONIAL DRIVE ORLANDO, FL 32804		200 S. FORSYTHE ST. BUNNELL, FL 32110	
Current Mailing Address:		New Mailing Address:	
1703 W. COLONIAL DRIVE ORLANDO, FL 32804		PO BOX 731199 ORMOND BEACH, FL 32173	
	59-3723699 FEI Number Applied For ( ) FEI se with s. 607.193(2)(b), F.S., the corporation did not receil Address of Current Registered Agent:	Number Not Applicable ( ) Certificate of Status Desired the prior notice.  Name and Address of New Registered Agent:	d ( )
Name and	Address of Garrent Registered Agent.	Name and Address of New Registered Agent.	
ROOKS, DAVID R 1703 W. COLONIAL DRIVE ORLANDO, FL 32804 US		LEE, JARED 200 S. FORSYTHE ST. BUNNELL, FL 32110 US	
The above in the State	named entity submits this statement for the purpos of Florida.	e of changing its registered office or registered agent,	or both,
SIGNATURE: JARED LEE		10/26/2007	
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ROOKS, DAVID R 1703 W. COLONIAL DRIVE ORLANDO, FL 32804	Title: P (X) Change ( ) Addition Name: ROOKS, DAVID R Address: 200 S. FORSYTHE ST. City-St-Zip: BUNNELL, FL 32110	
Title: Name: Address: City-St-Zip:	CFOT () Delete LEE, JARED 72 VENCENT DRIVE WEST MIDWAY, FL 32343	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete DOWNS, ROBERT 72 VENCENT DRIVE WEST MIDWAY, FL 32343	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete LEE, RUTH H 72 VENCENT DRIVE WEST MIDWAY, FL 32343	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: JARED LEE CFOT 10/26/2007