

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000005706

**FILED**  
**Apr 29, 2013**  
**Secretary of State**

**Entity Name:** FAMILY EDUCATION SERVICES, INC.

**Current Principal Place of Business:**

1905 E WATERS AVE  
TAMPA, FL 33604 UN

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7337  
TAMPA, FL 33673

**New Mailing Address:**

**FEI Number:** 03-0456892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ETCHENE, NIAMKE J  
4514 WISHART BLVD  
TAMPA, FL 33603 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: NIAMKE J. ETCHENE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDP  
Name: ETCHENE, NIAMKE J  
Address: 4514 WISHART BLVD  
City-St-Zip: TAMPA, FL 33603

Title: PM  
Name: AUGUSTINE, TRIFFO  
Address: 1905  
City-St-Zip: TAMPA, FL 33615

Title: AD  
Name: ESTHER, ETCHENE  
Address: 1905 E. WATERS AVENUE  
City-St-Zip: TAMPA, FL 33604

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

SIGNATURE: NIAMKE ETCHENE

PRES

04/29/2013

Electronic Signature of Signing Officer or Director

Date