

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008448

FILED
Apr 14, 2006
Secretary of State

Entity Name: DADE ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.

Current Principal Place of Business:

7891 W. FLAGLER ST.
375
MIAMI, FL 33144

New Principal Place of Business:

7891 W. FLAGLER ST.
400
MIAMI, FL 33144

Current Mailing Address:

7891 W. FLAGLER ST.
375
MIAMI, FL 33144

New Mailing Address:

7891 W. FLAGLER ST.
400
MIAMI, FL 33144

FEI Number: 59-2480891 **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:

GLAZER, SUSAN
7805 SW 183RD TERRACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

HERNANDEZ, JOSEPH
8930 SW 83 ST
MIAMI, FL 33173 US

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: JOSEPH HERNANDEZ

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DR. G. LEROY LLOYD, III
Address: 315 N.E. 131ST STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: PPD () Delete
Name: CAPRONI, PETER DR
Address: 19741 NW 88 AVE
City-St-Zip: HIALEAH, FL 33018

Title: PD () Delete
Name: ARMENTEROS, EDUARDO
Address: 3920 SW 124 CT
City-St-Zip: MIAMI, FL 33175

Title: PD () Delete
Name: GLAZER, SUSAN
Address: 7805 SW 183 TERR.
City-St-Zip: MIAMI, FL 33157

Title: PD () Delete
Name: SASSEVILLE, ANN MARIE
Address: 8950 SW 192 DRIVE
City-St-Zip: MIAMI, FL 33157

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 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: DR. G. LEROY LLOYD, III

PD

04/14/2006

Electronic Signature of Signing Officer or Director

Date