

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001100

FILED  
Aug 08, 2012  
Secretary of State

**Entity Name:** SSAFE LANDINGS ENRICHMENT CENTER, INC.

**Current Principal Place of Business:**

1000 E. ATLANTIC BLVD.  
SUITE 205-A  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

120 BROADWAY  
SUITE 206  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1000 E. ATLANTIC BLVD.  
SUITE 205-A  
POMPANO BEACH, FL 33060

**New Mailing Address:**

120 BROADWAY  
SUITE 206  
KISSIMMEE, FL 34741

**FEI Number:** 38-3643623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, ELLISA C  
6410 BRAE-BURN  
NORTH LAUDERDALE, FL 33068 US

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

SCOTT, ELLISA C  
14256 CHEVAL DANFORTH CT. BLG24  
104  
ORLANDO, FL 32828 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: DR. ELLISA SCOTT

08/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCOTT, ELLISA C  
Address: 14256 CHEVAL DANFORTH, CT #104  
City-St-Zip: ORLANDO, FL 32828 UN

Title: CHRM  
Name: DANIELS, HILTON  
Address: 330 SW 27TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33012

Title: VPD  
Name: ALLEN, YVONNE  
Address: 7535 SW75TH TERR  
City-St-Zip: LAUDERHILL, FL 33019

Title: SD  
Name: KENDRICK, A. DR.  
Address: 1000 E. ATLANTIC BLVD., SUITE 206-A  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD  
Name: HYMAN, GEORGE C.P.A.  
Address: 4200 NW 35TH AVE.  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D  
Name: MOSLEY, MARSHALL  
Address: 1000 E. ATLANTIC BLVD., SUITE 206-A  
City-St-Zip: POMPANO BEACH, FL 33060

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: DR. ELLISA SCOTT

PD

08/08/2012

Electronic Signature of Signing Officer or Director

Date