

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002808

**FILED**  
**Oct 18, 2009**  
**Secretary of State**

**Entity Name:** THE TRUVINE JOB AND SKILLS TRAINING INSTITUTE INC.

**Current Principal Place of Business:**

1947 31ST ST.  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1947 31ST ST.  
SARASOTA, FL 34234

**New Mailing Address:**

**FEI Number:** 75-3134771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, GREGORY E  
1947 31ST STREET  
SARASOTA, FL 34234 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:** ELEANOR BALL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** HARRIS, GREGORY E SR.  
**Address:** 3954 PRUDENCE DR.  
**City-St-Zip:** SARASOTA, FL 34235

**Title:** VD ( ) Delete  
**Name:** RUSSELL, CLOVIA  
**Address:** 1309 14TH STREET  
**City-St-Zip:** BRADENTON, FL 34208

**Title:** D ( ) Delete  
**Name:** BALL, ELEANOR  
**Address:** 1728 32ND STREET  
**City-St-Zip:** SARASOTA, FL 34234

**Title:** S ( ) Delete  
**Name:** JOHNSON, DELORIS S  
**Address:** 22502 76TH AVENUE EAST  
**City-St-Zip:** SARASOTA, FL 34211

**Title:** AS ( ) Delete  
**Name:** SHEFFIELD, ALENE  
**Address:** 663 EASTPOINTE CT  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:**

**Title:** D ( ) Change (X) Addition  
**Name:** BALL, ELEANOR MS.  
**Address:** 1728 32ND STREET  
**City-St-Zip:** SARASOTA, FL 34234

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:** ELEANOR BALL

D

10/18/2009

Electronic Signature of Signing Officer or Director

Date