

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005892

FILED
Jun 17, 2010
Secretary of State

Entity Name: STUDENT FARMWORKER ALLIANCE, INC.

Current Principal Place of Business:

215 F WEST MAIN ST.
IMMOKALEE, FL 34142

New Principal Place of Business:

110 S. 2ND ST.
IMMOKALEE, FL 34142

Current Mailing Address:

P.O. BOX 603
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 33-1067623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MELODY
1107 NEW MARKET ROAD
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

COHORST, MEGHAN M
306 N. 20TH CT.
IMMOKALEE, FL 34142 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: MEGHAN M. COHORST

06/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: TORRES, JOHN-MICHAEL
Address: 2125 LINCOLN ST.
City-St-Zip: MISSION, TX 78572

Title: D
Name: GONZALEZ, MELODY
Address: 2006 S. PACIFIC
City-St-Zip: SANTA ANA, CA 92704

Title: D
Name: VALLEJO, KANDACE
Address: 4925 BULL CREEK RD.
City-St-Zip: AUSTIN, TX 78731

Title: D
Name: KELSALL, PATRICK
Address: 1526 LOWELL BLVD.
City-St-Zip: DENVER, CO 80204

Title: D
Name: OBERNAUER, CHARLENE
Address: PO BOX 38
City-St-Zip: STONY BROOK, NY 11790

Title: D
Name: RUBIO-HEUMANN, RUDI
Address: 871 INNES AVE.
City-St-Zip: SAN FRANCISCO, CA 94107

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: MEGHAN M. COHORST

MS.

06/17/2010

Electronic Signature of Signing Officer or Director

Date