

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007794

FILED
Oct 30, 2004
Secretary of State**Entity Name:** THE SPECIAL ED ADVOCATE, INC.**Current Principal Place of Business:**1234 NW 179TH TERR
PEMBROKE PINES, FL 33029**New Principal Place of Business:****Current Mailing Address:**1234 NW 179TH TERR
PEMBROKE PINES, FL 33029**New Mailing Address:****FEI Number:** 01-0656553**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**HAUSMAN, HARRY M ESQUIRE
235 N UNIVERSITY DR
PEMBROKE PINES, FL 33024 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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: ALBERT, BETH
Address: 1234 NW 179TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** SD () Delete
Name: ALBERT, RONALD H
Address: 1234 NW 179TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029**Title:** D () Delete
Name: HAUSMAN, HARRY M
Address: 235 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33024**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETH ALBERT

PD

10/30/2004

Electronic Signature of Signing Officer or Director_____
Date