

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000009033

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** INSTITUTE OF ACADEMIC MASTERY, INC.

**Current Principal Place of Business:**

10950 N. 56TH ST.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10950 N. 56TH ST.  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 32-0045124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUHART, CLEMENTINE H  
10950 N. 56TH ST.  
TAMPA, FL 33617 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:** CLEMENTINE DUHART

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DUHART, CLEMENTINE H  
**Address:** P.O. BOX 291548  
**City-St-Zip:** TAMPA, FL 33687

**Title:** T  
**Name:** PRICE, EVELYN L  
**Address:** 3720 MCBERRY ST.  
**City-St-Zip:** TAMPA, FL 33610

**Title:** CD  
**Name:** ALLEN, ALNNORA  
**Address:** 3009 18TH STREET  
**City-St-Zip:** TAMPA, FL 33605

**Title:** D  
**Name:** ROBERTS, DELPHINE  
**Address:** 8261 GETTY CT  
**City-St-Zip:** SPRINGFIELD, VA 22153

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:** CLEMENTINE DUHART

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05/11/2011

Electronic Signature of Signing Officer or Director

Date