2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2004
Secretary of State

DOCUMENT# N03000001153

Entity Name: THE COREY SIMON SUCCESS CENTER, INC.

Current Principal Place of Business:

337 W FLEMING AVE
FT WAYNE, IN 46807

New Principal Place of Business:

4623 STRATFORD ROAD
FT WAYNE, IN 46807

Current Mailing Address:

337 W FLEMING AVE
FT WAYNE, IN 46807

New Mailing Address:

4623 STRATFORD ROAD
FT WAYNE, IN 46807

FEI Number: 32-0061186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMON, COREY
9010 WINGED FOOT DR
TALLAHASSEE, FL 32312 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: CD ( ) Delete
Name: SIMON, COREY
Address: 337 W FLEMING AVE
City-St-Zip: FT WAYNE, IN 46807

Title: D ( ) Delete
Name: SIMON, NATASHA
Address: 337 W FLEMING AVE
City-St-Zip: FT WAYNE, IN 46807

Title: DS ( ) Delete
Name: TURNER, SHARON
Address: 337 W FLEMING AVE
City-St-Zip: FT WAYNE, IN 46807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: SIMON, COREY
Address: 4623 STRATFORD ROAD
City-St-Zip: FT WAYNE, IN 46807

Title: D (X) Change ( ) Addition
Name: SIMON, NATASHA
Address: 4623 STRATFORD ROAD
City-St-Zip: FT WAYNE, IN 46807

Title: DS (X) Change ( ) Addition
Name: TURNER, SHARON
Address: 4623 STRATFORD ROAD
City-St-Zip: FT WAYNE, IN 46807

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: COREY SIMON CD 11/08/2004
Electronic Signature of Signing Officer or Director — Date