2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 23, 2004
Secretary of State

DOCUMENT# N03000002484

Entity Name: POSITIVE SOLUTIONS A RECOVERY ZONE, INC.

Current Principal Place of Business:

3213 N. OCEAN BOULEVARD
SUITE # 6
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

410 NW 65TH TERRACE
MARGATE, FL 33063

Current Mailing Address:

3213 N. OCEAN BOULEVARD
6
FORT LAUDERDALE, FL 33308

New Mailing Address:

410 NW 65TH TERRACE
MARGATE, FL 33063

FEI Number: 04-3747340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VARGAS, LYDZAMADIA
410 NW 65TH TERRACE
MARGATE, FL 33063 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: P ( ) Delete
Name: LYDZAMADIA, VARGAS
Address: 3213 N. OCEAN BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LYDZAMADIA, VARGAS
Address: 410 NW 65TH TERRACE
City-St-Zip: MARGATE, FL 33063

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: LYDZAMADIA VARGAS P 12/23/2004

Electronic Signature of Signing Officer or Director — Date