2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N03000004049

Entity Name: THE BLACK FAMILY HOME EDUCATORS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1500 NW 128TH DR. #208
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1500 NW 128TH DR. #208
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 05-0563391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, NANCY L
1500 NW 128TH DR. #208
SUNRISE, FL 33323 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: NANCY L. HALL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALL, NANCY L
Address: 1500 NW 128TH DR. #208
City-St-Zip: SUNRISE, FL 33323

Title: VD ( ) Delete
Name: SMITH, KIA
Address: 2213 SW 80TH TERR.
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete
Name: SHANKS, JUANITA A
Address: 5512 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: TD ( ) Delete
Name: LIGHTFOOT, ANGEL
Address: 2750 NW 172ND TERR.
City-St-Zip: MIAMI, FL 33056

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:

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: NANCY L. HALL PD 04/26/2005
Electronic Signature of Signing Officer or Director — Date