

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004417

FILED
Oct 19, 2005
Secretary of State

Entity Name: SAFETY AND HEALTH LEARNING CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1345 FAU RESEARCH PARK BLVD
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

4171 WEST HILLSBORO BLVD.
SUITE #5
COCONUT CREEK, FL 33073

New Mailing Address:

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

Name and Address of Current Registered Agent:

NATIONAL SAFETY COUNCIL, SOUTH FLORIDA CHA
4171 WEST HILLSBORO BLVD
SUITE #5
COCONUT CREEK, FL 33073 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: MICHAEL WALTERS, VICE PRESIDENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIE, JIM CHAIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP () Delete
Name: DEARING, RON V-CHAIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: TD () Delete
Name: RICHSONE, DAVID TREAS
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: SD () Delete
Name: WESLOWSKI, MONICA SEC
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: ALVAREZ, RICARDO DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D () Delete
Name: ROMANCE, NANCY DIR
Address: 1345 FAU RESEARCH PARK BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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
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Title: () Change () Addition
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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: MICHAEL WALTERS

Electronic Signature of Signing Officer or Director

MR.

10/19/2005

Date