

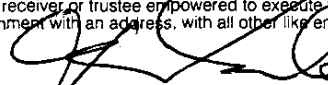


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004417 1. Entity Name SAFETY AND HEALTH LEARNING CENTER OF SOUTH FLORIDA, INC.						SELECTED BY DIVISION OF REVENUE 06 OCT 31 AM 11:08 REINSTATEMENT <u>06</u> 	
Principal Place of Business 1345 FAU RESEARCH PARK BLVD DEERFIELD BEACH, FL 33441 US				Mailing Address 4171 WEST HILLSBORO BLVD. SUITE #5 COCONUT CREEK, FL 33073			
2. Principal Place of Business		3. Mailing Address 1345 FAU RESEARCH PARK BLVD				10262006 REIN-NP CR2E099 (11/05) 4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Deerfield BEACH FL.					
Zip	Country	Zip 33441	Country USA				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NATIONAL SAFETY COUNCIL, SOUTH FLORIDA CHA 4171 WEST HILLSBORO BLVD SUITE #5 COCONUT CREEK, FL 33073				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD MATHIE, JIM CHAIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME	200083 372732		
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS	10/01/06 - 01037 - 014 - \$61.25		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP DEARING, RON V-CHAIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME			
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD RICHSONE, DAVID TREAS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME			
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	SD WESLOWSKI, MONICA SEC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME			
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D ALVAREZ, RICARDO DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME			
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D ROMANCE, NANCY DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1345 FAU RESEARCH PARK BLVD			NAME			
STREET ADDRESS	DEERFIELD BEACH, FL 33441			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				10-26-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	