## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000004624

FILED Sep 27, 2005 Secretary of State

Entity Name: THE VETERAN'S EMPLOYMENT TRANSITION SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:	
706 NW 4 MIAMI, FL			
Current Mailing Address:		New Mailing Address:	
706 NW 4 MIAMI, FL			
	r: FEI Number Applied For() FE nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:	•	(X) Certificate of Status Desired ( ) ess of New Registered Agent:
CUTLER, 706 NW 4 MIAMI, FL			
	e named entity submits this statement for the purpo te of Florida.	se of changing its regi	stered office or registered agent, or both,
SIGNATU	RE: CHARLES CUTLER		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DP () Delete CUTLER, CHARLES 706 NW 4TH AVE MIAMI, FL 33136	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name:	DV ( ) Delete EVERETTE, WILLIAM	Title: Name:	() Change () Addition
Address:	12864 BISCAYNE BLVD #162 NORTH MIAMI, FL 33181	Address: City-St-Zip:	
Address: City-St-Zip: Title: Name: Address:	12864 BISCAYNE BLVD #162	Address:	()Change ()Addition
Nadiress: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name: Address: City-St-Zip:	12864 BISCAYNE BLVD #162 NORTH MIAMI, FL 33181 DS ( ) Delete SIMONS, CARLA 260 5 NW 105TH ST	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	12864 BISCAYNE BLVD #162 NORTH MIAMI, FL 33181  DS ( ) Delete SIMONS, CARLA 260 5 NW 105TH ST MIAMI, FL 33167  D ( ) Delete SMITH-KID, MILDRED 250 NW SOUTH RIVER DR #204	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	

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: CHARLES CULTER DP 09/27/2005