2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2008
Secretary of State

DOCUMENT# N03000006561

Entity Name: SPEAK EASY EARLY LANGUAGE DEVELOPMENT AND LEARNING CENTER, INC.

Current Principal Place of Business:

1862 N W 141 AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1862 N W 141 AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 51-0477680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ARMSTRONG, MELINDA
1862 N W 141 AVENUE
PEMBROKE PINES, FL 33027 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: MELINDA ARMSTRONG
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, ROSLYN P
Address: 4641 S W 24TH STREET
City-St-Zip: WEST HOLLYWOOD, FL 33023

Title: VP ( ) Delete
Name: ARMSTRONG, MELINDA VP
Address: 1862 N W 141 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete
Name: ROMEY, LORRAINE S
Address: 18827 N E 1ST PLACE
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete
Name: RILES-ROBINSON, VALERIE T
Address: 17111 N W 16TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: GREENE, DIANE D
Address: 12993 N W 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: HODGE, SONIA D
Address: 2300 LAKE MIRAMAR WAY
City-St-Zip: MIRAMAR, FL 33025

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:

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 exemption stated 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 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: MELINDA ARMSTRONG VP 11/04/2008
Electronic Signature of Signing Officer or Director — Date