

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008102

FILED  
Feb 16, 2007  
Secretary of State

**Entity Name:** LABOR POWER EMPLOYMENT & TRAINING, INC.

**Current Principal Place of Business:**

1665 W. 68TH STREET  
SUITE 201  
HIALEAH, FL 33014

**New Principal Place of Business:**

13899 BISCAYNE BLVD.  
311  
N.M.B., FL 33181

**Current Mailing Address:**

1665 W. 68TH STREET  
SUITE 201  
HIALEAH, FL 33014

**New Mailing Address:**

12500 N.E. 15 AVE.  
611  
N.MIAMI, FL 33161

**FEI Number:** 20-0201705      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

STEPHENS, LAVERNE L  
1665 W. 68TH STREET  
SUITE 201  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

SCHREIBER, ALAN  
12500 N.E. 15 AVE.  
611  
N. MIAMI, FL 33161 US

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: ALAN SCHREIBER

02/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPHENS, LAVERNE L  
Address: 1665 W. 68TH STREET, SUITE 201  
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete  
Name: CASTRANOVA, JOE  
Address: 483 LAKE COMO DRIVE  
City-St-Zip: POMONA PARK, FL 32181

Title: T (X) Delete  
Name: SCHREIBER, PAUL  
Address: 1665 W. 68TH STREET, SUITE 201  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHREIBER, PAUL  
Address: 12500 N.E. 15 AVE.  
City-St-Zip: N. MIAMI, FL 33161

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 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: PAUL SCHREIBER

P

02/16/2007

Electronic Signature of Signing Officer or Director

Date