

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000008782	
1. Entity Name AMERICA EDUCATIONAL LEADERSHIP INSTITUTE, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 19 AM 8:04

REINSTATEMENT 05-06



06122006 REIN-NP CR2E099 (11/05)

Principal Place of Business 3350 NW 215TH ST MIAMI, FL 33056	Mailing Address 7161 PEMPROKE RD. #2 PEMBROKE PINES, FL 33023
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FBI Number 32-0077598	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, LAURNA 7161 PEMBROKE RD #2 PEMBROKE PINES, FL 33023	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Laura Williams</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>6/12/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

\$1250 + 8.75	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC KAIN, GEORGE 19971 NE 5TH CT MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, MICHAEL 2020 NW 1ST AVE MIAMI, FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYTON, KETTLY 1500 NW 4TH AVE MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY JONES 2020 NW 1 AVENUE MIAMI, FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLINE BLACK 3491 JALIA PLUM AVE MIRAMAR, FL 33005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076535905 05/23/06--01058--010 ***121 25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>George McKain</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>6/12/06</i>	DAYTIME PHONE: <i>726-281848</i>
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