2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009045

FILED Jun 05, 2007 Secretary of State

Entity Name: JETHRO INTERNATIONAL LEADERSHIP SEMINARS (JILS), INC.

Current Principal Place of Business: New Principal Place of Business:

3604 CORAL SPRINGS DRIVE 895 NW126 AVE

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

3604 CORAL SPRINGS DRIVE 895 NW 126TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071

FEI Number: 20-0348921 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: Name and Address of New Registered Agent:

JOSEPH, WILFRED L
3604 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US
JOSEPH, WILFRED L
895 NW 126TH AVENUE
CORAL SPRINGS, FL 33071 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: WILFRED JOSEPH 06/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: JOSEPH, WILFRED L Name: JOSEPH, WILFRED L

Address: P.O. BOX 670513 Address: 895 NW 126TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete Title: VP (X) Change () Addition

Name:JOSEPH, PATRICIAName:JOSEPH, PATRICIAAddress:P.O. BOX 670513Address:895 NW 126TH AVENUECity-St-Zip:CORAL SPRINGS, FL 33067City-St-Zip:CORAL SPRINGS, FL 33071

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: WILFRED L JOSEPH PRES 06/05/2007