

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000011028

FILED
Oct 28, 2004
Secretary of State**Entity Name:** EMOTIONAL ENDURANCE INSTITUTE FOR ENTREPRENEURS, INC.**Current Principal Place of Business:**C/O POZNICK & ASSOCIATES
2994 JOG RD STE A
WEST PALM BCH, FL 33463**New Principal Place of Business:****Current Mailing Address:**C/O POZNICK & ASSOCIATES
2994 JOG RD STE A
WEST PALM BCH, FL 33463**New Mailing Address:****FEI Number:** 20-0566045 **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:**KAY, CAROLE
2994 JOG RD STE A
WEST PALM BCH, FL 33463 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: MULVEHILL, SUZANNE MBA
Address: 377 SW 29TH AVE
City-St-Zip: DELRAY BCH, FL 33445**Title:** DV () Delete
Name: KAY, CAROLE
Address: 3209 HOYLAKES RD
City-St-Zip: LAKE WORTH, FL 33467**Title:** DST () Delete
Name: SCANNELL, JOHN
Address: 1301 N W 6TH ST
City-St-Zip: BOCA RATON, FL 33486**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:

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: CAROLE KAY

DV

10/28/2004

Electronic Signature of Signing Officer or Director

Date