

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002425

FILED
Oct 07, 2005
Secretary of State

Entity Name: THE FOUNDATION FOR THE ADVANCEMENT OF HIGHER EDUCATION, INC.

Current Principal Place of Business:

300 NE 2ND AVE RM 1541
MIAMI, FL 331322297

New Principal Place of Business:

Current Mailing Address:

300 NE 2ND AVE RM 1541
MIAMI, FL 331322297

New Mailing Address:

FEI Number: 14-1905307 **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:

Name and Address of New Registered Agent:

SKOLA, THOMAS J ESQ.
1001 BRICKELL KEY STE 1508
MIAMI, FL 331319678 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: DR. PAVLOV RAMEAU

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMEAU, PAVLOV
Address: 300 NE 2ND AVE RM 1541
City-St-Zip: MIAMI, FL 331322297

Title: D () Delete
Name: AGRAS, NORMA
Address: 300 NE 2ND AVE RM 1541
City-St-Zip: MIAMI, FL 331322297

Title: D () Delete
Name: ALEXANDRE, JOEL
Address: 300 NE 2ND AVE RM 1541
City-St-Zip: MIAMI, FL 331322297

Title: D () Delete
Name: BEHAR-HORENSTEIN, LINDA
Address: P.O.BOX 117049
City-St-Zip: GAINESVILLE, FL 326117049

Title: D () Delete
Name: SIMMS, E. GEORGE
Address: 300 NE 2ND AVE RM 1541
City-St-Zip: MIAMI, FL 331322297

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: RAMEAU, PAVLOV
Address: 300 NE 2ND AVE RM 1541
City-St-Zip: MIAMI, FL 331322297

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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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: PAVLOV RAMEAU

DR.

10/07/2005

Electronic Signature of Signing Officer or Director

Date