2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 27, 2006
Secretary of State

DOCUMENT# N04000004373

Entity Name: CREATIVE LEARNING FAMILY SERVICES CORP.

Current Principal Place of Business:

480 CLARK STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

480 CLARK STREET
LABELLE, FL 33935

New Mailing Address:

34 HARMONY LANE 32
MONTICELLO, NY 12701

FEI Number: **FEI Number Applied For (X)** **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:

RAMOS, IRIS E
480 CLARK STREET
LABELLE, FL 33935 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: IRIS E RAMOS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMOS, IRIS E
Address: 480 CLARK STREET
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: RIOS, LOLITA
Address: 480 CLARK STREET
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: FERMIN, AWILDA
Address: 480 CLARK STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: HORACE, MAXINED
Address: 480 CLARK STREET
City-St-Zip: LABELLE, FL 33935

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: IRIS E RAMOS D 05/27/2006
Electronic Signature of Signing Officer or Director — Date