

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005823

FILED
May 03, 2007
Secretary of State

Entity Name: THE LIFE ACADEMY OF EXCELLENCE, INC.

Current Principal Place of Business:

107 WYMORE ROAD
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

107 WYMORE ROAD
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 20-1231110 **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:

KIMBLE, ELAINE S
107 WYMORE ROAD
EATONVILLE, FL 32751 US

Name and Address of New Registered Agent:

LANG, YOLANDA S
107 WYMORE ROAD
EATONVILLE, FL 32751 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: YOLANDA STEVENSON LANG

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLLINS, VALERIA
Address: 1208 DEER LAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: KING, CICERO
Address: 3521 FORESTDALE DRIVE
City-St-Zip: ORLANDO, FL 32714

Title: D (X) Delete
Name: KIMBLE, ELAINE
Address: 510 SPRING CLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KING, CORNELL
Address: 8803 SKYVISTA COURT
City-St-Zip: ORLANDO, FL 32818

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 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: YOLANDA STEVENSON LANG

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05/03/2007

Electronic Signature of Signing Officer or Director

Date