

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008874

FILED  
Oct 14, 2005  
Secretary of State

Entity Name: FRUITS OF EDUCATION, INC.

## Current Principal Place of Business:

5845 89TH AVENUE NORTH  
PINELLAS PARK, FL 33782 US

## New Principal Place of Business:

## Current Mailing Address:

5845 89TH AVENUE NORTH  
PINELLAS PARK, FL 33782 US

## New Mailing Address:

FEI Number: 71-0971314      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:

NIKOLIC, DRAGUTIN  
5845 89TH AVENUE NORTH  
PINELLAS PARK, FL 33782 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: DRAGUTIN NIKOLIC

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NIKOLIC, DRAGUTIN  
Address: 5845 89TH AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: TREA ( ) Delete  
Name: NIKOLIC, CHAD E  
Address: 5845 89TH AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: SEC ( ) Delete  
Name: NIKOLIC, AWILDA  
Address: 5845 89TH AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VSEC ( ) Delete  
Name: JIMENEZ, ERIC L  
Address: 5845 89TH AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 US

## 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:

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: DRAGUTIN NIKOLIC

P

10/14/2005

Electronic Signature of Signing Officer or Director

Date