2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04800

FILED Nov 17, 2004 Secretary of State

Entity Name: THE EDUCATION FUND, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
900 NE 12		
SUITE 110 MIAMI, FL		
Current M	ailing Address:	New Mailing Address:
900 NE 12	5TH ST.	
SUITE 110 MIAMI, FL		
	59-2468114 FEI Number App	for () FEI Number Not Applicable () Certificate of Status Desired ()
	ce with s. 607.193(2)(b), F.S., the co Address of Current Register	tion did not receive the prior notice. Agent: Name and Address of New Registered Agent:
AKERMAN 1 SE 3RD /	A, HENRY H ESQ I SENTERFITT & EIDISON PA AVE 28TH FLOOR SUNTRUST 33131 US	TER
	named entity submits this state e of Florida.	t for the purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of R	tered Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () Delete YAROSZ, SUSAN 1001 BRICKELL BAY DR., STE 291 MIAMI, FL 33131	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete LOCKE, BARBARA 701 BRICKELL AVE. MIAMI, FL 33131	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PETREY, LUCY MIAMI-DADE CC, 508 CASTANIA AV CORAL GABLES, FL 33146	Title: () Change () Addition Name: E Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	S () Delete MENEDEZ, BARBARA 3400 LAKESIDE DR MIRAMAR, FL 33027	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	P () Delete LECHT, LINDA 4299 NW 36 ST STE 203 MIAMI, FL	Title: PRES (X) Change () Addition Name: LECHT, LINDA Address: 4299 NW 36 ST STE 203 City-St-Zip: MIAMI, FL
Fitle: Name: Address: City-St-Zip:	VC () Delete ROMANI, BARBARA 8750 DORAL BLVD MIAMI, FL 331782402	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: LINDA LECHT PRES 11/17/2004