

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003211

FILED  
Oct 24, 2007  
Secretary of State

**Entity Name:** EDUCATION FOR LONGEVITY FOUNDATION U.S.A., INC.

**Current Principal Place of Business:**

2071 SW 52ND WAY  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2071 SW 52ND WAY  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 43-2100631      **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:**

ARMAND, MARGARET M  
2071 SW 52ND WAY  
PLANTATION, FL 33317      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: MARGARET M. ARMAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ARMAND, MARGARET M  
Address: 2071 SW 52ND WAY  
City-St-Zip: PLANTATION, FL 33317

Title: D      ( ) Delete  
Name: DENIS, MARCEL ESQ  
Address: 20036 E OAKMONT DR  
City-St-Zip: MIAMI, FL 33015

Title: D      ( ) Delete  
Name: LEGROS, JOSEPHINE E  
Address: 2250 ATLANTA  
City-St-Zip: WESTON, FL 33326

Title: D      (X) Delete  
Name: DOUZE, HENRY C  
Address: 1881 W OAKLAND PK BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D      (X) Delete  
Name: ARMAND, ALAIN ESQ  
Address: 3321 FARRAGUT ST 7G  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: MOXAM, PRISCILLA C ESQ  
Address: 440 SAWGRASS CORPORATE PARKWAY, SUITE 100  
City-St-Zip: SUNRISE, FL 33325

Title: D      (X) Change ( ) Addition  
Name: MORETA, NICOLE  
Address: 180 N.W. 18TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

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: PRISCILLA C. MOXAM

D

10/24/2007

Electronic Signature of Signing Officer or Director

Date