2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2006
Secretary of State

DOCUMENT# N05000003716

Entity Name: CULTURAL EDUCATION SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 351869
JACKSONVILLE, FL 32235

New Principal Place of Business:

920A NORTH GRAYCROFT AVE.
MADISON, TN 37115

Current Mailing Address:

P.O. BOX 351869
JACKSONVILLE, FL 32235

New Mailing Address:

920A NORTH GRAYCROFT AVE.
MADISON, TN 37115

FEI Number: 59-3722248 **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:

CRAWFORD, JOHN R
225 WATER STREET., SUITE 900
JACKSONVILLE, FL 32202 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: JOHN R. CRAWFORD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIERCE, GUY
Address: P.O. BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: PD ( ) Delete
Name: BAXTER, MARK
Address: P.O. BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: S ( ) Delete
Name: HENSZ, BETH
Address: P.O. BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

Title: T ( ) Delete
Name: WALLING, JESSICA
Address: P.O. BOX 351869
City-St-Zip: JACKSONVILLE, FL 32235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PIERCE, GUY
Address: 920A N. GRAYCROFT AVE
City-St-Zip: MADISON, TN 37115

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 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: GUY PIERCE D 10/15/2006
Electronic Signature of Signing Officer or Director — Date