2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006710

FILED May 08, 2007 Secretary of State

Entity Name: THE GATEWAY TO ADVANCE & ACHIEVE CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 18240 NORTHWEST 41ST PLACE4 MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 18240 NORTHWEST 41ST PLACE4 MIAMI, FL 33055 FEI Number: 75-3240493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. WALTON, JONES & BROWNE P.L. 1840 SW 22ND ST. 1999 SW 27TH AVENUE 4TH FLOOR 1ST FLOOR MIAMI, FL 33145 US MIAMI, FL 33145 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: CARLA JONES 05/08/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCDOWELL, SANDRA Name: Name: 18240 NORTHWEST 41ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition MCKENZIE, CARLENE Name: Name: HUDSON, DENISE Address: 18240 NORTHWEST 41ST PLACE Address: 18240 NORTHWEST 41ST PLACE City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33055 Title: () Delete Title: SD (X) Change () Addition HUDSON, DENISE Name: JENKINS, PAULA Name: 18240 NORTHWEST 41ST PLACE 18240 NORTHWEST 41ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33055 (X) Change () Addition Title: () Delete Title: HUDSON, DENISE Name: PRYCE, LASCELLES Name: 18240 NORTHWEST 41ST PLACE 18240 NORTHWEST 41ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33055

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: SANDRA MCDOWELL PD 05/08/2007