

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011555

FILED
Nov 16, 2006
Secretary of State

Entity Name: SAFETY RESOURCE NETWORK, INC.

Current Principal Place of Business:

794 NW 18TH STREET
SECOND FLOOR
MIAMI, FL 33101

New Principal Place of Business:

1801 NW 8TH AVENUE
SUITE 470
MIAMI, FL 33136

Current Mailing Address:

794 NW 18TH STREET
SECOND FLOOR
MIAMI, FL 33101

New Mailing Address:

1801 NW 8TH AVENUE
SUITE 470
MIAMI, FL 33136

FEI Number: 20-5038586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHAECHTER, JUDITH M.D.
794 NW 18TH STREET
SECOND FLOOR
MIAMI, FL 33101 US

Name and Address of New Registered Agent:

LEVY, SHELDON PH.D.
1801 NW 8TH AVENUE
SUITE 470
MIAMI, FL 33136 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: SHELDON LEVY, PH.D.

11/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELAURIER, FRANK ED.D
Address: 6250 SUNSET DR
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: PANN, JAMES PH.D
Address: 1750 NE 167TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: SCHAECHTER, JUDITH M.D.
Address: 794 NW 18TH STREET, SECOND FLOOR
City-St-Zip: MIAMI, FL 33101

Title: D () Delete
Name: VAN BYLEVELT, LLOYD
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NOVICKI, TRUDY J.D.
Address: 1265 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33136

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: TRUDY NOVICKI, J.D.

D

11/16/2006

Electronic Signature of Signing Officer or Director

Date