

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012966

FILED
Oct 29, 2008
Secretary of State

Entity Name: ZION INTERNATIONAL SCHOOL OF THE PERFORMING ARTS INC.

Current Principal Place of Business:

5935 DEL LAGO CIRCLE
202
SUNRISE, FL 33313

New Principal Place of Business:

3184 S. UNIVERSITY DRIVE
MIRAMAR, FL 33025

Current Mailing Address:

5935 DEL LAGO CIRCLE
202
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 13-4317626 **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:

MITCHELL, ROYANNE R
5935 DEL LAGO CIRCLE
SUNRISE, FL 33313 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: ROYANNE MITCHELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, ROYANNE R
Address: 3541 SW 144 AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: MITCHELL, GERMAINE F
Address: 5935 DEL LAGO CIRCLE, #202
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: BROWNE, LENORE R
Address: 621 NE 40TH ST.
City-St-Zip: POMPANO BEACH, FL 33064

Title: S () Delete
Name: WILLIAMS, ANTONIO J
Address: 3460 FOXCROFT RD
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: SMITH, ELICIA
Address: 4005 SW 68 LANE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MANN, DIANE DR.
Address: 1237 NE 4 AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ROYANNE MITCHELL

P

10/29/2008

Electronic Signature of Signing Officer or Director

Date