

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001179

FILED
Aug 21, 2008
Secretary of State

Entity Name: EVEREST ADVANCED LEADERSHIP CLUB, INC.

Current Principal Place of Business:

PALM # 2 PINE ISLAND PARK MULTIPURPOSE CTR
3801 S PINE ISLAND ROAD
DAVIE, FL 33328 US

New Principal Place of Business:

LEEZAS PLACE
2261 UNIVERSTY DRIVE
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

911 SW 87TH AVENUE
PEMBROKE PINES, FL 33025 US

New Mailing Address:

7760 NW 22ND ST
#204
PEMBROKE PINES, FL 33024 US

FEI Number: 20-5109663 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:

ARMSTRONG, IVY C
911 SW 87TH AVENUE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

CAMILO, PAUL G
7760 NW 22ST
#204
PEMBROKE PINES, FL 33024 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: PAUL CAMILO

08/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TSE, TENNYSON P
Address: 5765 SW 87TH WAY
City-St-Zip: COOPER CITY, FL 33328 US

Title: VP (X) Delete
Name: SMIDL, MATTHEW
Address: 10730 SW 27 CT
City-St-Zip: DAVIE, FL 33328

Title: TREA (X) Delete
Name: ARMSTRONG, IVY C
Address: 911 SW 87 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP (X) Delete
Name: ABELLO, NANCY E
Address: 1981 NE 178 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: SAA (X) Delete
Name: SEIGAL, SANDIE
Address: 9304 CHELSA DRIVE NORTH
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMILO, PAUL G
Address: 7760 NW 22ST
City-St-Zip: PEMBROKE PINES, FL 33024 US

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: PAUL CAMILO

P

08/21/2008

Electronic Signature of Signing Officer or Director

Date