

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012467

FILED  
Dec 23, 2009  
Secretary of State

Entity Name: GO TEACH INTERNATIONAL, INC.

## Current Principal Place of Business:

51 OLD MT DORA RD  
EUSTIS, FL 32726

## New Principal Place of Business:

## Current Mailing Address:

51 OLD MT DORA RD  
EUSTIS, FL 32726

## New Mailing Address:

FEI Number: 20-5956716      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:

KULTURIDES, LOUIS  
51 OLD MT DORA RD  
EUSTIS, FL 32726      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: LOUIS KULTURIDES

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: KULTURIDES, LOUIS  
Address: 51 OLD MT DORA RD  
City-St-Zip: EUSTIS, FL 32726

Title: VPD      ( ) Delete  
Name: MIKELL, RANDALL E  
Address: 51 OLD MT DORA RD  
City-St-Zip: EUSTIS, FL 32726

Title: SD      ( ) Delete  
Name: STRONEY, JOHN  
Address: 51 OLD MT DORA RD  
City-St-Zip: EUSTIS, FL 32726

## 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:

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: LOUIS KULTURIDES

Electronic Signature of Signing Officer or Director

PD

12/23/2009

Date