

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008015

FILED
Dec 01, 2010
Secretary of State

Entity Name: CLINIQUE MOBILE EDUCATION RURALE, INC

Current Principal Place of Business:

800 MIMOSA DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1901 W COLONIAL DR
14
ORLANDO, FL 32804

Current Mailing Address:

800 MIMOSA DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

7069 WILLOWWOOD ST
ORLANDO, FL 32818

FEI Number: 42-1737950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEJOUR, JOSEPH R
800 MIMOSA DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SEJOUR, JOSEPH R
7069 WILLOWWOOD ST
ORLANDO, FL 32818 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: JOSEPH SEJOUR

12/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SEJOUR, JOSEPH R
Address: 7069 WILLOWWOOD ST
City-St-Zip: ORLANDO, FL 32818

Title: S
Name: ST. PREUX, CECILE
Address: 5885 SIR HENRY DR
City-St-Zip: ORLANDO, FL 32808

Title: TD
Name: HENRIOT, BRUMAIRE
Address: JONQUIL DR
City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SEJOUR

P

12/01/2010

Electronic Signature of Signing Officer or Director

Date