

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000009409

**FILED**  
**Apr 30, 2013**  
**Secretary of State**

**Entity Name:** EMERGENCY BOOKS & TRAINING MATERIALS, INC.

**Current Principal Place of Business:**

1650 NW 128TH DR APT 101  
SUNRISE, FL 333235206 US

**New Principal Place of Business:**

5510 WINDOVER WAY  
DAVIE, FL 333313201 US

**Current Mailing Address:**

1650 NW 128TH DR APT 101  
SUNRISE, FL 333235206 US

**New Mailing Address:**

5510 WINDOVER WAY  
DAVIE, FL 333313201 US

**FEI Number:** 35-2026876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, DOROTHY E  
1650 NW 128TH DR APT 101  
SUNRISE, FL 333235206 US

**Name and Address of New Registered Agent:**

MASTERS, MAYNARD D  
5510 WINDOVER WAY  
DAVIE, FL 333313201 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:** MAYNARD D MASTERS

04/30/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MASTERS, DOROTHY E  
**Address:** 5510 WINDOVER WAY  
**City-St-Zip:** DAVIE, FL 333313201 US

**Title:** S/T  
**Name:** MASTERS, MAYNARD D.  
**Address:** 5510 WINDOVER WAY  
**City-St-Zip:** DAVIE, FL 333313201 US

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:** MAYNARD D MASTERS

S/T

04/30/2013

Electronic Signature of Signing Officer or Director

Date