2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010299

Jan 15, 2009 Secretary of State

Entity Name: SERVING TEENS USING DIVERSE EDUCATIONAL NETWORKING TECHNIQUES, INC.

Current Principal Place of Business: New Principal Place of Business: 15214 STARLEIGH RD WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 15214 STARLEIGH RD WINTER GARDEN, FL 34787 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: NELSON, DAWN A 15214 STARLEIGH RD. WINTER GARDEN, FL 34787 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: DAWN A. NELSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NELSON, DAWN A Name: Name: 15214 STARLEIGH RD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, DANA A Name: Address: 730 N. LAKE AVE. Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: TREA () Delete Title: () Change () Addition NELSON, SHIRLEY L Name: Name: 3120 N. W. 28TH ST. Address: Address: City-St-Zip: OCALA, FL 34475 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: WILLIAMS, TARTEASHIA Name: Address: 730 N. LAKE AVE. Address: City-St-Zip: APOPKA, FL 32712 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: DAWN A. NELSON P 01/15/2009