

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010737

FILED
Sep 29, 2008
Secretary of State

Entity Name: GRANTING DREAMS THROUGH EDUCATION, INC.

Current Principal Place of Business:

2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

New Principal Place of Business:

9112 ALT. A1A
NORTH PALM BEACH, FL 33408

Current Mailing Address:

2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409

New Mailing Address:

9112 ALT. A1A
NORTH PALM BEACH, FL 33408

FEI Number: 26-1487790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

HENRY, DEBORAH
9112 ALT A1A
NORTH PALM BEACH, FL 33408 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: DEBORAH HENRY

09/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENRY, DEBORAH
Address: P.O. BOX 1643
City-St-Zip: WEST PALM BEACH, FL 33402

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: HENRY, ARRASTENE
Address: PO BOX 1643
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D () Change (X) Addition
Name: NIXON, RYJUELL
Address: PO BOX 1643
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D () Change (X) Addition
Name: LEWIS, LONI
Address: PO BOX 1643
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D () Change (X) Addition
Name: GUY, JANEEN
Address: PO BOX 1643
City-St-Zip: WEST PALM BEACH, FL 33402

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: DEBORAH HENRY

D

09/29/2008

Electronic Signature of Signing Officer or Director

Date