2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010837

Entity Name: EXODUS ACADEMY INC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3190 GULF TO BAY BLVD. 2035 PHILLIPPE PARKWAY CLEARWATER, FL 33759

APT. 70

SAFETY HARBOR, FL 34695

Current Mailing Address: New Mailing Address:

PO BOX 23942 PO BOX 70

TAMPA, FL 33623 SAFETY HARBOR, FL 34695

FEI Number: 26-4083370 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: Name and Address of New Registered Agent:

MITCHELL, MICHELE MITCHELL, MICHELE 2035 PHILLIPPE PARKWAY 2035 PHILLIPPE PARKWAY

APT 58 APT 70 SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: MICHELE MITCHELL 01/21/2009

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete

MITCHELL, MICHELE MITCHELL, MICHELE Name: Name:

2035 PHILLIPPE PARKWAY APT 58 Address: 2035 PHILLIPPE PARKWAY APT 70 Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete Title: (X) Change () Addition

Name: LOPEZ, STEPANIE L Name: LOPEZ, STEPANIE L

Address: 2035 PHILLIPPE PARKWAY APT 147 Address: 2035 PHILLIPPE PARKWAY APT 70 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete Title: (X) Change () Addition

DAMBACH, TODD A Name: DAMBACH, TODD A Name: 2035 PHILLIPPE PARKWAY APT 147 Address: Address:

2035 PHILLIPPE PARKWAY APT 70 City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

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: MICHELE MITCHELL ED 01/21/2009