2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009772

Entity Name: EDUCATION EMPOWERMENT FOUNDATION, INC.

| Current Principal Place | of Business: | New Principal Place of Business: | | |
|--|--------------------------|--|---------------------------------|--|
| 4309 SW 70TH TERRACE DAVIE, FL 33314 | E | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 4309 SW 70TH TERRACE DAVIE, FL 33314 | | 4776 WEST COMMERCIAL BLVD TAMARAC, FL 33319 | | |
| FEI Number: 26-3603653 | FEI Number Applied For() | FEI Number Not Applicable() | Certificate of Status Desired() | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | | |
| TURNER, OTHEL 5787 W SUNRISE BLVD PLANTATION, FL 33313 | US | ROBINSON, BOBBY 4776 WEST COMMER TAMARAC, FL 33319 | CIAL BLVD US | |

FILED Oct 01, 2010 Secretary of State

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.

| SIGNATU | RE: BOBBY ROBINSON | 10/01/2010 |
|---|--|------------|
| | Electronic Signature of Registered Agent | Date |
| OFFICER | S AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD COTTLE, BERNARD 4309 SW 70TH TERRACE DAVIE, FL 33314 | |
| Title: Name: Address: City-St-Zip: | VPD MCKNIGHT, JAMES 16705 BERKSHIRE CT SOUTHWEST RANCHES, FL 33331 | |
| Title: Name: Address: City-St-Zip: | SD SMITH, RODNEY ESQ 17995 NW 60TH PL MIAMI LAKES, FL 33015 | |
| Title: Name: Address: City-St-Zip: | TD TIECHNER, GEORGE 9601 COLLINS AVENUE - PH #204 BAL HARBOUR, FL 33154 | |
| Title: Name: Address: City-St-Zip: | D YUKEN, JAIME 984 MERCY DR. #1 ORLANDO, FL 32808 | |
| Title: Name: Address: City-St-Zip: | D ROLLINS, TONY CONSULT 6649 NW 128TH WAY PARKLAND, FL 33076 | |

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: | JAMES MCKNIGHT | VPD | 10/01/2010 |
|------------|---|-----|------------|
| | Electronic Signature of Signing Officer or Director | | Date |