

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000010409

**FILED**  
**May 30, 2011**  
**Secretary of State**

**Entity Name:** I AM CERTIFIED, INC.

**Current Principal Place of Business:**

14330 58TH ST. NO  
APT 1221  
CLEARWATER, FL 33760

**New Principal Place of Business:**

1229 NW 34TH AVENUE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

14330 58TH ST. NO  
APT 1221  
CLEARWATER, FL 33760

**New Mailing Address:**

1229 NW 34TH AVENUE  
CAPE CORAL, FL 33993

**FEI Number:** 26-3727179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOORE, ALVINA L  
14330 58TH ST NO  
APT 1221  
CLEARWATER, FL 33760 US

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

LAURENCE, ALVINA L  
1229 NW 34TH AVENUE  
CAPE CORAL, FL 33993 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: ALVINA L. LAURENCE

05/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAURENCE, ALVINA L  
Address: 1229 NW 34TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33993

Title: T  
Name: LAURENCE, JASON K  
Address: 1587 59TH AVE SO  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S  
Name: GIBBS, AHSANDI  
Address: 1101 75TH AVE NO  
City-St-Zip: ST. PETERSBURG, FL 33702

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: ALVINA L. LAURENCE

P

05/30/2011

Electronic Signature of Signing Officer or Director

Date