

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000000031

FILED
Feb 14, 2012
Secretary of State

Entity Name: FLORIDA ADULTS & CHILDREN ENRICHMENT SERVICES, INC

Current Principal Place of Business:

215 WEST JEFFERSON STREET
SUITE H
QUINCY, FL 32351

New Principal Place of Business:

2563 CAPITAL MEDICAL BLVD
TALAHASSEE, FL 32308

Current Mailing Address:

215 WEST JEFFERSON STREET
SUITE H
QUINCY, FL 32351

New Mailing Address:

PO BOX 932
TALLAHASSEE, FL 32302

FEI Number: 27-1572465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACOBS, CYMANDE
215 WEST JEFFERSON STREET
SUITE H
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

JACOBS, CYMANDE
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 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: CYMANDE JACOBS

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JACOBS, CYMANDE
Address: 2563 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: JACOBS, JASMINE
Address: 2563 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD
Name: HOWARD, CARMENETTA
Address: 4452 COUNTY ROAD 156
City-St-Zip: WILDWOOD, FL 34785

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: CYMANDE JACOBS

PD

02/14/2012

Electronic Signature of Signing Officer or Director

Date