

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000008310

**FILED**  
**Jan 08, 2013**  
**Secretary of State**

**Entity Name:** THE EWING SCHOOL INC.

**Current Principal Place of Business:**

NORTHLAKE BLVD.  
4217-4221  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHLAKE BLVD.  
4217-4221  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 27-3459444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ITALIC SYSTEMS LLC  
1517 PERIMETER ROAD  
SUITE 534  
WEST PALM BEACH, FL 33406 US

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

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:** WILLIAM THRELKELD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** THRELKELD, ANGELA M  
**Address:** 8179 BOB O LINK DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 US

**Title:** VP  
**Name:** THRELKELD, WILLIAM T  
**Address:** 8179 BOB O LINK DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 US

**Title:** SECR  
**Name:** GIBSON, KEITH  
**Address:** 6034 N TEILMAN  
**City-St-Zip:** FRESNO, CA 93711 US

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:** WILLIAM T THRELKELD

VP

01/08/2013

Electronic Signature of Signing Officer or Director

Date